

**ORDERING CONDUCT, CONDUCTING ORDER:
CONDUCT DISORDER AND THE PRODUCTION OF KNOWLEDGE**

by

John Bogardus

B. A. (Anthropology), University of British Columbia, 1969

M. A. (Sociology), University of British Columbia, 1973

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APPROVAL

Name: John Arthur Bogardus
Degree: Doctor of Philosophy
Title of Thesis: Ordering Conduct, Conducting Order: Conduct Disorder
and the Production of Knowledge
Examining Committee:

Chair: Dr. Hari Sharma

Dr. Michael Kenny
Senior Supervisor
Professor of Anthropology

Dr. Noel Dyck
Member
Professor of Anthropology

Dr. Anand Paranjpe
Member
Professor of Psychology

Dr. Bruce Alexander
Internal/External Examiner
Professor of Psychology

Dr. Howard Waitzkin
External Examiner
Professor of Sociology
Director, Division of Community Medicine
University of New Mexico

Date Approved: 9 September 1997

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Title of Thesis/Project/Extended Essay

Author:

(Signature)

John Arthur Bogardus
(Name)

9 September 1997
(Date)

ABSTRACT

This thesis consists of an ethnographic study of a pilot program initiated in one of the Western provinces to address the circumstances of youth with the psychiatric diagnosis of conduct disorder. The Facilitating Program employs attachment theory in a perspective critical of the medical model and the concept of conduct disorder presented in the Diagnostic and Statistical Manual (D.S.M.) of the American Medical Association. The Program claims that the interests of the adolescent and the community alike are best served not by seeking to cure or to “fix” the individual through institutionalized treatment but by producing a care plan to “re-affix” the youth in supportive relationships in the community.

This study examines the Facilitating Program’s production of knowledge to determine whether this allegedly innovative approach challenges or perpetuates the medical model. Specifically, the extent to which the Facilitating Program attempts to understand the behaviour of adolescents independent of its relationship with each individual is addressed. In addition, the degree to which this mental health initiative is critical of or complicit with prevailing structural inequalities of class, gender, sexual orientation, race, ethnicity and age which may contribute to the appearance of the perceived troublesome behaviour is evaluated. Finally, general implications for the making of facts by professionals are outlined.

As a cultural critique, this thesis documents the contemporary circumstances which led to the inception of the Facilitating Program as well as traces historical precedents for the resolution of the alleged behavioural problems of adolescents. A case study approach offers the means to investigate the professional discourse and practice whereby the departments of psychiatry, psychology, social work, education, child care and nursing coordinate their efforts to fashion a plan for the care and management of the youth. This includes an evaluation of the professional technologies employed to construct an account of the individual’s identity and conduct as well as an assessment of the significance of the professional’s lived experience on the findings.

In its development and application of a cultural Marxist perspective, this thesis constitutes a meditation on the possibilities and limits of expert authority. It argues that a critical, reflexive dialogue most adequately addresses the partial, positioned and partisan nature of all knowledge, a conclusion which calls for the re-framing of social enterprises of this kind as inclusive, collaborative ventures.

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The teenagers and care givers who allowed me to enter their lives at a particularly trying time continue to be inspirations for me. Their generosity of spirit was matched by the members of the Facilitating Program who gave so unselfishly of their time and knowledge. I regret that confidentiality requires that these individuals and the program itself are identified with the use of pseudonyms. Be assured that my feelings of gratitude are real nonetheless.

I am indebted to Dara Culhane for suggesting that I pursue graduate studies and for her ongoing support. Ann Vanderbijl has been equally unselfish with her steady stream of books and articles for my consideration. Finally, this project would have remained a pipe dream without Penny Newman's encouragement and cooperation. Her unwavering commitment provided the conditions necessary for the completion of the thesis and for the growth of our relationship. I may never adequately express my gratitude, but I am committed to the effort.

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CHAPTER ONE -- CROSSROADS

Is Chris going to attend today?"

The speaker is seated at the end of the conference table, the morning's clearing skies evident in a shaft of light burnishing his crown of curls. A burly man appearing to be in his early 50's, his voice is friendly and engaging. His question is directed to a woman half his age intently searching through a sheaf of papers spread before her.

"No. He told me yesterday that he didn't want to come."

"Did he give a reason?"

"He said he didn't want to hear about the sexual assaults or the shoplifting incident. I asked him if he'd changed his mind when I saw him at breakfast this morning, but he told me he wasn't interested."

"O.K. Well, perhaps before Ken presents the social history, we could make sure that everybody knows each other. I'm Keith Johnson, the psychiatrist assigned to Chris' care plan during his stay with us at Crossroads." He turns towards the woman sitting on his right.

"I'm Karen Sargent, Chris' mother." A dark haired woman in her early thirties, she acknowledges each of the people at the table in turn, her gaze steady and deliberate.

"Bill Steele, Chris' social worker." The faded jeans and Nike running shoes convey a sense of youth belied by the weariness in the speaker's voice. He had arrived at the conference room moments before, complaining that highway crews mopping up after a semi-trailer spill had cost him an hour's travelling time. As if having to get up at 3 to get here wasn't bad enough. Cradling a styrofoam cup in his hands, he momentarily straightens in his chair as though trying to shake off the mood of irritability settling over him like a cloak.

"I'm Jan Newcombe. I'm with Crossroad's psychology department and I'll be presenting the psychological report on Chris." Attention shifts to a small woman, her short

brown hair framing an alert, soft featured face that complements the earnest warmth of her voice.

"John Bogardus. I'm a graduate student in anthropology and I'm doing a research project here at Crossroads." There is no need to explain further as everyone in the room is familiar with me and aware of the nature of my project. Some weeks earlier, I had approached each of the staff in attendance to explain that I was interested in how the various participants in the care plan process went about forming their understanding of Chris' identity and the nature of his community.¹ All of them had been very co-operative, signing the various forms which gave me permission to interview them individually and which granted me access to the information routinely available to the Crossroads staff for the purpose of compiling their care plan reports. Karen, Chris and Chris' social worker had consented to my involvement during the intake meeting which marked Chris' entry into the four week Facilitating Program of Crossroads Youth Mental Health Centre.

At that time, Chris had been informed that his placement was not intended to change his behaviour but to gain a better understanding of his situation. At thirteen, he was three years under the minimum age to be considered responsible for his health care. As his legal guardian, his mother's signature was sufficient to secure Chris' admission to the program. However, Chris was also offered the opportunity to indicate whether he was a willing participant and he chose to sign the consent form. This was to be the case for each of the six teenagers I followed through the program, a response the intake social worker assured me was typical of most of the adolescents admitted. He also mentioned that if the individual's sixteenth birthday happens to fall during the stay at Crossroads, he or she is officially discharged pending his or her authorization of consent for treatment, a formality which almost invariably occurs without incident.

The introductions continue, the room now completely awash in the weak February light. There are nine of us in all. In addition to the psychiatrist, social worker and psychologist, three other members of Crossroads' staff are present. These include Donna, a young woman representing the child care/nursing staff of the residential unit where Chris stayed during the past three weeks and Narinder, an educational psychologist from the small school across the courtyard from the meeting room. In addition, a community support worker sits directly opposite me. Typically, Alan would chair the discharge meeting which routinely occurs a week after the care plan meeting. This would be his initial responsibility

in a process supporting the implementation of the care plan in the home community until Chris reaches the age of nineteen.

"Chris' referral to the Facilitating Program came about as the result of a longstanding history of difficult behaviour," Ken begins, reading from the typed document on the table in front of him....

Situating the Fieldwork Site

Crossroads is an institution for the treatment of youths judged to be suffering from the most severe psychiatric and behavioural problems. Located in one of the western provinces, the facility is funded by the provincial Ministry of Health in conjunction with the Ministries of Social Services and Housing, Education and the Solicitor-General. Its mandate is to provide non-correctional care to adolescents between the ages of twelve and eighteen who are judged to exhibit thought disorders and, most commonly, conduct disorders. The recent introduction of a pilot project for conduct disordered youths marked a shift in treatment orientation from a centralized residential model towards a decentralized format. Over the past five years, Keith Johnson's initiative – the Facilitating Program – has used a short term assessment period in order to formulate care plans designed to guide and support these individuals upon their return to their home communities.

Conduct disorders are regarded as problems of a behavioural rather than a psychiatric nature. They are classified as the major category of anti-social behaviour among children and adolescents by the *Diagnostic and Statistical Manual of Mental Disorders* (D.S.M.) in both its revised third (D.S.M.-III-R, 1987) and fourth (D.S.M.-IV, 1994) versions. Chronic disregard for the rights of others and persistent norm violations are considered to be the primary behavioural indicators of conduct disorder. Symptoms typically take the form of aggressiveness, irritability, defiance and destructiveness (Crossroads, 1992b:3). The Facilitating Program staff considers these individuals to have failed to achieve or to maintain the primary bonding or affiliation with another person essential for the development of trusting, prosocial relationships. The identified problematic behaviours are perceived to be a result of this experiential deficit. In effect, the Facilitating Program shifts attention away from the traditional goal of "fixing" the teenager to that of "re-affixing" the youth within a supportive relationship. With this approach, the team considers that it has embarked upon

a unique system of care, rather than treatment (Crossroads, 1992:7). Accordingly, long term, institutionally based therapy has given way to a model of community care and support.

The care plan is seen as the essential tool to guide the primary care givers and the community in carrying out this objective. This plan is compiled during the teenager's thirty day stay in one of the co-ed units. It is drafted by a psychiatrist with input from the departments of nursing/child care, education, social work, and psychology and in consultation with the adolescent, care givers, significant professionals and interested members from the community. It is adopted in a collective session of all these contributors. The care plan's purposes include orienting the primary care givers in establishing and maintaining relationships with the teenager as well as providing direction for the organizing of suitable mental health and education programs for both the individual and the care givers.

Each care plan is intended to be in effect from the time of the youth's re-entry into the community until his or her nineteenth birthday. Community support workers from the Facilitating Program maintain an active file on the individual during this period and a member of this team is available for consultation by telephone or in person if requested by the youth or care givers. In addition, provision for hiatus support of up to two weeks is available through the Facilitating Unit. This is designed to provide short term separation of the youth from the care givers so that all parties might regain and sustain their commitment to one another. Currently, an evaluation of the program is in effect with a community support worker conducting a telephone survey of the youth and the care giver at six month intervals during the initial two years of the program. Analysis of these questionnaires is intended to assess the impact of the care plan process on the teenager's circumstances.

In both its theoretical orientation and its methods of work, this project is considered by its initiators to be a distinct departure from conventional practices. In their estimation, it challenges current thinking in psychiatry and psychology by extending the consideration of bonding issues beyond the period of early childhood and into the teenage years. It attempts to break from a conception of conduct disorder which places the perceived problem within the individual and which seeks its resolution through counselling conducted by mental health professionals, typically within a residential facility. Instead, the focus is upon cultivating the social relations within the community which will foster support and care for the youth.

For these reasons, the staff of the Facilitating Program regard their approach to stand in contrast to the medical model of treatment. They state that their use of psychiatric terminology and standard clinical procedures owes more to the pragmatic expediencies of

establishing credibility within the health profession and of securing funding from government and allied agencies than to the upholding of the principles and practices of medical discourse. Through their efforts, they hope to transform both the prevailing perception of conduct disordered youths and the actual nature of services available to these individuals on a province wide basis and beyond.

Situating the Researcher

My decision to undertake fieldwork at Crossroads came after a chance encounter with Crossroad psychiatrist Keith Johnson at a regional conference entitled "Children and Youth at Risk." My objective in going to this gathering was to acquire information about the systems of care currently available for teenagers targeted as being candidates for a homeless existence, involvement with prostitution, confinement to a psychiatric ward, incarceration in a youth detention centre or admission to a morgue. I had returned to university six months earlier after leaving a youth worker position at a small adolescent treatment centre and I hoped to use this material as part of an ethnography based on my experiences in the child care field. My intention was to keep my involvement in the conference proceedings to a minimum, concentrating instead on taking notes and collecting handouts. To my surprise, the conference was a decision making body structured around a series of workshops designed to formulate policy based on consultation with the participants. I soon found myself voicing my concerns with other mental health workers similarly disgruntled with the level of support and care available to children and youths. It was upon witnessing my interventions in this gathering that Keith suggested I consider doing fieldwork at Crossroads.

Keith explained that Crossroads had recently embarked on a pilot project in an attempt to shift the care for so-called troubled teens from institutionalized settings back into the community. As he outlined some of the features of this initiative, I realized that they addressed many of my own concerns. During seven years working in a centre for so-called "high risk" youths, my frustration with the agency's ability to achieve its stated purpose had steadily grown. Our immediate objective was to establish relationships with these teenagers as a means to direct their energies away from activities likely to cause harm to themselves, to others and to property. Yet it was becoming increasingly evident to myself and to other members of the staff that our efforts were largely unsuccessful.

I had come to view the most immediate obstacle standing in the way of building relationships of trust and support to be the ratio of staff members to residents. Budget cuts had resulted in an increase from five to seven in the number of teenagers accommodated in the turn of the century facility that served as our treatment centre. Located in an inner city neighbourhood, the former farm house predated and overshadowed the modest homes that had sprung up on grounds once given over to orchards. Yet even its relatively imposing bulk was not sufficient to absorb the additional house residents, their restless energies only intensifying with the space constraints.

The teenagers found the overcrowded conditions to be stressful and, by their own account, unsafe. The staff members were severely taxed in connecting with them as there was little time available for one-to-one discussions and outings. Group norms and standardized provisions began to take the place of flexible arrangements designed to meet the changing needs of individual residents and staff members alike. Crowd control procedures replaced personally negotiated expectations as efforts by the staff to maintain some degree of stability resulted in a formality and rigidity which could only exacerbate the very circumstances they were intended to improve. This deteriorating climate led to a situation in which the seven residents of the house became so in name only. One, two and sometimes more of the teenagers became phantoms, choosing to seek out their own often perilous shelter arrangements rather than endure the increasingly rule-bound, impersonal living conditions at the centre. Threats to the safety of person and property escalated as house regulations eclipsed individual relationships. The centre came to resemble a barracks rather than a home.

These troubling developments compounded other misgivings which dominated my thoughts during my final years at the centre. My overriding sense was that our program lacked a sensitivity to cultural issues and that this shortcoming was preventing us from establishing relationships with the residents. In my opinion, we were ill-equipped as a staff group to deal with the subtleties and complexities of providing adequate care to persons from other than the dominant culture, a way of life that I crudely characterized at the time as being "white, male, middle class and heterosexual." Yet my attempts to name the problem often revealed my own uncertainties. While I was drawn to a cultural explanation, I was hesitant to essentialize culture, intuitively resisting a tendency to stereotype people of a particular group or category as necessarily sharing a common experience. Likewise, I was unconvinced that individuals of similar ethnicity, sexual orientation, gender or class are, by

definition, more compatible than those who do not have these attributes in common. As a result, I was reluctant to argue that our problems would be solved by simply matching the cultural differences represented in our resident population with a staff group of similar diversity.

Nonetheless, I found myself playing an active part in our ongoing struggle to provide the shifting population of male and female residents with primary workers of the same gender and I sought to extend the consideration of cultural issues to other dimensions of the program. The lack of a Native presence on the staff of a facility typically numbering one or two teenagers of Native origin among its residents was an obvious shortcoming. In addition, I had long been concerned with the dissimilar economic backgrounds of the staff and the residents. With few exceptions, the families of origin of the teenagers were either low income or welfare recipients. The child care counsellors, on the other hand, tended to originate from more privileged backgrounds. Our outlooks were informed by our parents' employment in the unionized trades, ownership of small businesses or careers in so-called middle class professions such as teaching and social work (Ehrenreich, 1989:136). ²

The job requirements for a position on the treatment centre staff did little to lessen this contradiction. On paper, qualifications for child care positions were limited to a high school diploma and six months experience working with adolescents. In reality, a tightening job market and the perceived demands of relating to supposed "high risk" teenagers had led to the expectation that counsellors possess specialized training as well as more extensive experience. For example, my psychiatric nursing credentials and Masters degree in Sociology in the area of adolescent alienation were becoming less exceptional. Recent additions to the staff roster included people with college backgrounds and university degrees in child care, criminology and social work, some with more than fifteen years experience in the field.

At the time, this trend towards a more highly educated work force simply lent credence to my impression that the experiential discrepancies between counsellor and adolescent were widening. The staff's tendency to extrapolate from recollections of their own teenage work experiences only magnified these dissimilarities. Current job prospects for the residents were more sharply limited than those faced by their adult care givers in their youth. While my grasp of these issues remained tentative and impressionistic, I could not shake my belief that these differences in experience undermined our ability to find common ground on which to build relationships with the youthful residents. My conclusion was that

these dissimilarities could best be described as matters of culture, ways of life that co-existed but did not cohere.

It was becoming painfully obvious to me that I lacked a clear analysis in which to situate these fragmented images. Certain issues appeared to be of critical importance yet in the absence of theoretical clarity my recognition of their significance merely added to my sense of frustration. I had been vaguely conscious of gender's impact on an individual's experience for as long as I could remember. However, an awareness that people of different classes may approach reality with dissimilar assumptions and expectations had been an abrupt awakening. I had seized on this truth in my early adulthood and had encountered no reason to question its legitimacy. It had found its place in the bundle of other revealed truths so entrenched in my mind set that its contours had blurred into that ill-defined expanse known as common sense. It was now no less self-evident to me than the fact that fundamental differences existed which justified a gender matching of key workers and residents. Both assumptions had infiltrated the bedrock of my beliefs and values, uncharted terrain notoriously resistant to both scrutiny and change. An additional part of my difficulty lay in the fact that sentiments still vague and ill-formed were intermingled with longstanding convictions which I now suspected to be marbled with rigidity and dogma.

The core of these persistent attitudes could be traced to an embracing of Marxism during postgraduate study in the early 1970's. Not unlike others of my generation, I subsequently rejected the opportunities beckoning a person of my class background. I chose instead to concentrate on left wing politics while eking out a living with working class jobs. Many of my current assumptions were shaped during years of anti-imperialist support work and trade union involvement. In the company of other political activists, I shared both a naive certainty of the accuracy of our analysis and the justness of our cause and an equally exaggerated optimism that others soon would be persuaded of the validity of these beliefs. In the meantime, we would work to strengthen the democratic processes already in place and strive to include ordinary people in existing decision making structures so that their interests might be reflected more fully, immediately and in the long term.

It was my Marxist analysis which informed me that the treatment centre was part of the ideological apparatus of the state (Althusser, 1970). This perspective told me two important and seemingly contradictory things. First, my reading of Marx had convinced me

that the state was not neutral. Under capitalism, it served the interests of the prevailing order by ensuring the conditions necessary for the accumulation of capital, by legitimizing itself and the status quo and by maintaining social control (Hall et al., 1978:204-206). Youths were expected to comply with the expectations of capitalist society by becoming productive workers, respectful of themselves, others, existing social structures and property. Those who displayed behaviours contrary to these norms risked being monitored by the state. At the same time, interventions by the state deflected attention away from the underlying structural contradictions. This conciliatory function was aided by re-framing instances of social contradiction and conflict in individual, psychological terms (Conrad and Schneider, 1980). This opened the door for the re-integration of disruptive persons through the personalized remedial services offered by mental health professionals.

On the other hand, my understanding of the same Marxist theory advised me that the treatment centre was a place of care as well as control. Administered as it was by the welfare state, it owed its existence, in part, to the efforts of working people to secure a safety net for the less fortunate (Wilson, 1977). I was convinced that our program had the potential to be a positive, supportive response to the needs of working class youths. Its existence could serve to inform society of their circumstances and of the structural inequalities which contribute to their plight. I was equally certain that short term measures to lessen the predicament of these teenagers were not enough. It was necessary to transform the structural contradictions inherent in a patriarchal, capitalist society. Ironically, my frustration at improving the residents' day to day situation seemed to increase in lock step with the decline in my certainty that this cherished new order would see the light of day.

With long term objectives unlikely to be realized in the foreseeable future, what else was there to do but focus on the pragmatics of the immediate? On the other hand, at what point did a preoccupation with short term tactics lead to the indefinite postponing of long term objectives? Funding cuts had forced the custodial treatment of allegedly troubled teenagers in warehouse conditions. Did this merely expose the fact that, despite the compassionate rhetoric of government officials and the best intentions of the staff, social reform programs were little more than agencies of social control? Was it the case that no amount of selective hiring or staff education could change the resident's status as an administered object under the surveillance of the state?

But perhaps I was being utopian in my expectations and dogmatic in my judgment. Besides, didn't I find my current working conditions infinitely more agreeable than what I had

faced in the sawmill and the foundry or on the construction site? I enjoyed working with teenagers. Not the least of my satisfaction came from what they taught me about myself. Was it simply a coincidence that I was becoming critical of the social control aspects of my job at a time when I was experiencing a growing unease in my interactions with the house residents?

It was undeniable that I was feeling more ineffectual in my work. I was beginning to question my ability to form relationships with the teenagers. I sensed a deepening reserve on my part, as though I was inflating a cushion between myself and the kids. I rationalized that this buffer had become necessary to ensure some stability for myself and the residents in circumstances which all too frequently teetered on the edge of chaos. Or perhaps I was just catching my breath for a moment. After all, I knew that burn-out was an occupational hazard for child care workers. I was working in a setting in which most people lasted two or three years. Whatever the reason or reasons for feeling ill at ease, I decided that I would have to take a step back and re-assess the politics of my occupation and my continued commitment to this line of work. I owed it to myself and to the teenagers to try and figure out what was happening *with* them – and to me. I had reached my own personal "crossroads" and I was looking for experiences which would guide me through my impasse.

Opportunity and Challenge

When I arrived at Crossroads, I was motivated by a desire to uncover what Jean-Paul Sartre has called "the mystery in broad daylight". I was seeking to disclose a truth that I believed was right before the eyes of those of us who worked as mental health professionals but which our ways of seeing prevented us from recognising. I had come to think of these youngsters as modern mine canaries, those sacrificial birds from a bygone era released in the depths of mine shafts to measure the air's ability to sustain life. Death of the bird meant conditions were too toxic for human existence. To my mind, the attention seeking outbursts of these teenagers were a modern day counterpart to the fluttering protests of these earlier winged messengers. The warning they carried was of social conditions which were hazardous to health. They were simply the least powerful, so most vulnerable members of tenuous networks of people whose lurching from crisis to crisis too often meant that any semblance of a human community was in name only. Deep furrows of despair cut across their everyday existence. Domestic violence, poverty,

dilapidated housing, haphazard attention to physical and emotional needs, sexual insults and violations – these struck me as the outward expressions of structural processes so engrained, so commonplace to have been rendered virtually invisible. To my way of thinking, they were manifestations of patterns of social life whose importance were somehow diminished in the naming: sex, class, race – termed the holy trinity by some for the almost numbing predictability of their reciting. The list, of course, has now been updated in language deemed more politically acceptable and extended to be more inclusive: gender, sexual orientation, class, ethnicity, race, age.

These terms were the markers that I chose to bring to bear on the passing scene. Certainly, they didn't spring from the lips of teenagers in mobile McTherapy sessions while waiting for our order at the neighbourhood drive through window. Their personal narratives – so unique in the details yet somehow eerily similar in the overall telling – did not concern themselves with these matters, at least not directly. Neither did these concepts pepper the reports and punctuate the conversations of the social workers, probation officers, family court lawyers, alternate school teachers and youth workers that I encountered regularly in the course of shepherding my "key kids" through another meeting to have their school suspension lifted or sitting in while their probation officer reminded them once again of the terms of their court ordered area restriction. These were categories that I imposed on what I saw. But I was convinced that if I was freed from the demands of mopping up after one crisis or another, if I got some distance from the in-your-face immediacy of caring for a suicidal sixteen year old or a despondent thirteen year old with his lingering scent of acetone then I would be able to see clearly what had been going on in front of me all these years. And I was convinced that the answer would come in a variation on the sex, class, race theme. These were the ways of life – the cultures – that connected these kids, the very ones that seem to elude the countless professionals whose livelihood relied on continually sorting through the particulars of the upsets, the outbursts, the *noise* of these teenagers' lives.

My experience in a residential treatment centre had convinced me that our focus on the specifics of a teenager's history led us to overlook these broader patterns that our own interventions were in danger of perpetuating. Specifically, I saw us developing fleeting relationships with a succession of youths who came through our front door only to have that connection severed as they returned to their families, group homes or independent living arrangements 6 months to 2 years later. Not only were these relationships terminated but

all too frequently the community to which they returned bore the same alienating and oppressive dynamics that I believed had contributed to the teenager's difficulties in the first place. Mothers were still faced with unemployment or underemployment, working a number of low paid jobs to make ends meet. Their spouses or partners didn't appear to be any less neglectful of the children in their care. In some instances, the scrutiny of social service agencies seemed to have lessened the likelihood that the youth was returning to particularly violent or rejecting circumstances. But, too often, any evidence of a supportive community was not apparent to my eyes.

The Facilitating Program appeared to offer the opportunity that I was looking for. It based itself on the premise that relationships were at the heart of the teenagers' present difficulties and it provided me with the chance to view these relationships up close. I would be given access to literally hundreds of files providing in-depth profiles of the youths and detailed accounts of the nature of their connections with their communities. And I initially presumed that I would be able to conduct interviews with each of them, their care givers and the various professionals associated with their daily activities. My assumption was that the "insults to attachment" which the Program maintains are at the core of the youth's difficulties express themselves along fault lines marking oppressive relations of class, gender, sexual orientation, race, ethnicity and age. I expected that consulting the admission files, the care plan reports as well as the transcripts of my own interviews with the staff, teenager, care givers and community professionals would enable me to populate these categories with the stories of real people, bringing empty concepts to life in a convincing fashion.

Little did I realize that not only would I not be in a position to gather the information that I was after but also I would find these cherished sociological concepts to be as much of a hindrance to understanding as the desocialized psychiatric categories which I was so quick to criticize. Unwittingly, I had been drawn into an experience that can best be described as a kind of free fall. Johannes Fabian has remarked that "precisely because critical anthropology demands that the research process be open, dialectical-interactive, historically situated and therefore contingent, there is no way of knowing in advance what kind of consequences – changes in ourselves and in the people we study – our projects will bring about" (Fabian, 1991:182). In retrospect, his words make good sense. They remind me of the wag who said, "if people knew what they were getting themselves into, they wouldn't *do* anything." But, at the time, I was quite sure that these cautionary remarks didn't apply to me. After all, I had embarked upon this investigation after working with teenagers

who fit the description of the Program's clients. During that time, I had mulled over what was systematically missed by social service agencies and mental health professionals in their work with these individuals. With the pressing demands of kids in crisis and the narrowed, disciplinary lens fitted during training in their respective professions, it seemed to be a pretty straightforward case of not being able to see the forest for the trees. With my list of social categories in hand, I would simply gather the personal histories and anecdotes, slot their details into the appropriate columns and fashion an account that supported my point of view. What I hadn't reckoned on was the relevance of Nietzsche's assertion that "convictions are more dangerous enemies of truth than are lies." But it was to be some time before I would recognize, let alone heed, the wisdom in those words.

Upon returning to university, I was to have my assumptions severely shaken. The first onslaught came as I struggled to find my bearings in a discipline with which I was no longer familiar – anthropology. I had re-entered the field to take advantage of its expertise on the question of culture and to become skilled in the mechanics of doing ethnography. I had arrived on the scene at a time when the discipline's self-destruction seemed imminent, my re-entry having all the earmarks of a death vigil. What I found was the concept of culture in shreds and fieldwork conventions under suspicion. The profession was beset with a succession of critiques, the last seemingly more desperate than the one before. Each was evidently trying to make sense of the past in order to capture its influence on the present with the hope that this might offer the promise of a future.

My re-acquaintance with the more familiar terrain of social theory was to prove no less disconcerting. The very foundations of my thought were now called into question by a challenge which knew no disciplinary boundaries – postmodernism.³ I soon found myself on a two-pronged mission of salvage anthropology, sifting through both the tattered remains of anthropology⁴ itself and the shards of modernist sociology to try to determine which concepts were keepers and which ones would have to be chucked. These excavations occurred virtually concurrently and they proved to be trying labours. I was forced to determine whether Marxism possessed any enduring qualities to support a renovated construction of social reality as well as to make sense of this messy business called culture.

CHAPTER TWO – THE LENS OF PERCEPTION

[T]he foundation of anthropology is man [sic] himself, not as the object of practical Knowledge, but as a practical organism producing Knowledge as a moment of its *praxis*.

Jean-Paul Sartre (1963/1968:179; original emphasis)

Thinking only begins at the point where we have come to know that Reason, glorified for centuries, is the most obstinate adversary of thinking.

Martin Heidegger (McGrane, 1989:43)

My project seeks to explore a moment in the ongoing production of knowledge. A central task is to examine how the Facilitating Program staff represent the identities of the various youths in its care. I intend to dismantle the authoritative positions of the Program staff by documenting the concrete conditions within which these representations take shape. My objective is to determine whether the knowledge produced by these mental health professionals challenges conventional understanding or whether their findings serve to reinforce existing structural inequalities. My investigation rests on a consideration of possible economic, political and ideological determinants shaping meaning creating practices. This cultural critique encompasses the institution and its historical setting as well as the specific professional disciplines and individual traditions of selected staff members.

As an anthropologist, I am an active participant in this interaction, accountable for providing an inventory of the attitudes and experiences I bring to this encounter. Rather than bracketing my heritage, my ways of life – my *cultures* – there is a need to embrace these traditions in an open yet critical way. Here I would suggest that valid criticisms raised under the umbrella of postmodernism can be addressed best by turning *towards* those traditions. These include perspectives featured in the current debates as well as those which have been suppressed or neglected. Some traditions are justifiably suspect but contain elements that can be profitably integrated into a non-foundationalist perspective. Others have been identified too closely with modernism's supposedly universal rationality and have been dismissed too readily.

The approach I take falls within a critical interpretive perspective.¹ Termed the "hermeneutics of suspicion" (Dreyfus and Rabinow, 1982:xxii; Marsh, 1988:180) by Paul

Ricoeur, the outlooks gathered under its umbrella are diverse, its various advocates loosely grouped according to whether the work of Marx, Freud or Nietzsche serves as their reference point. They share a common concern in deciphering the immediacy of perceived reality to expose concealed contradictions, be they exploitive, repressive or oppressive in nature. Consistent with the Marxist current, I see myself involved in a dialectical relationship with other people, a relational unity in which each of us interacts with others in a purposeful way within a particular cultural setting. The meaning of any encounter is dependent upon its specific context. It is informed by the perspectives each of us brings to this exchange by virtue of our individual lived experience as well as being a collective product of our interaction.

This view recognizes that we are not fully conscious of the cultural influences that shape our meaning systems, a significant portion of our point of view being rooted in childhood history which lingers on as unreflected attitudes and beliefs. So too, many of our current actions have consequences which are unintended, not the least being those through which we unwittingly perpetuate existing structural inequalities. These oppressive arrangements typically comprise important dimensions of our present awareness, inscribed as they are within the folds and recesses of our habituated outlook, those largely unreflected beliefs that make up our common sense view of the world (Bourdieu, 1980/1990:62). A critical interpretive position maintains that social conflicts are due not only to misunderstandings in communication, but also to the fact that people's interests and actions are shaped by these interiorised structural inequalities. The resistance we encounter when we challenge the self conception and world view of ourselves and others is due to the interested or partisan nature of our knowledge, a sense of being-in-the-world which tends to cling to its particular interpretation of the world mistaking it for the world itself (Fay, 1975: 93-104; 1987; Marsh, 1988).

Conducting fieldwork within this perspective means that our task is not one of discovering an objective order secreted within a free standing reality. Social reality is interactively constructed, having more to do with the dynamics of power than the routines of science. In fact, science itself can be characterized as a power play, a claim to authority through the use of a particular style of reasoning marshalling a corresponding set of truth claims (Aronowitz, 1988). And the practice of ethnography has less to do with detached observation than with confrontation (Fabian, 1991b; Richer, 1988), meaning being an open-ended product not of contemplation but of collaboration. This raises issues of dialogue,

engagement, negotiation, reflexivity, critique and self-critique. Fieldwork is not so much completed with the facts gathered and ordered as interrupted or abandoned with the discourse left dangling (Lutz, 1988).

The Marxist Tradition

I believe that the elements necessary for constructing a comprehensive framework worthy of these challenges exist within the Marxist tradition. We need to recapture some of the concepts which have been neglected or maligned due to contradictions and inconsistencies in Marx's own work and in its subsequent interpretation by others. This will enhance our ability to distinguish between postmodernism's advances and its excesses. At the same time, I contend that a closer look at Marx's early work will provide us with a basis for the inclusion of those dimensions of social differentiation (Gottlieb, 1992:50) such as gender, sexual orientation, race, ethnicity, and age too frequently underestimated or neglected in conventional Marxist accounts (Aronowitz, 1981/1990:141; Foley, 1990:30; Witheford and Gruneau, 1992:18-19). Conversely, this re-examination should counter a too common trend within gender relations and ethnic studies to dismiss Marx's analysis of capitalist society as being yet another product of Enlightenment thought. This attitude has hindered efforts to arrive at a more sophisticated conception of the separate yet mutually constitutive systems of patriarchy, class and race and has detracted from our ability to understand the workings of hegemony. Finally, perhaps the most significant benefit to be gained from a return to Marx's thought will be the makings of an ethical frame for our work. A point too often lost on generations of Marxists nurtured on a belief in Marxism as a value-free science is the fact that Marx's project was founded on a normative premise: philosophy's role was not simply to interpret the world but to change it (West, 1991: 68).

I join with others in the view that Marxism should not be approached as a fixed body of work (Gramsci, 1971; Williams, 1977; Grossberg and Nelson, 1988; Gottlieb, 1992; Nelson et al., 1992). It is a dynamic project modified from without through its interaction with other theoretical traditions and from within by alternative interpretations. This is no less true of Marx's own writings, which contain ambiguities and tensions that have prompted a number of differing readings and counter traditions to emerge within Marxist studies. In broad terms, one school subscribes to a more positivist conception, typically involving the

elaboration of universal laws of the type commonly associated with the natural sciences (Williams, 1977:64) and represented in social theory by modernism. This point of view, associated with a Soviet orthodoxy but not exclusive to that school, provides a relatively constant reference point during this century and stands in opposition to another notable strand in the Marxist tradition. This second tendency, frequently referred to as Western Marxism or cultural Marxism (Grossberg and Nelson, 1988:7; Marcus and Fischer, 1986:88), is more accommodating of an ethical dimension and argues that Marxist social theory should be viewed as a systematic, interpretive project concerning itself with critical observation and historically based analysis of processes of social development.

As a theoretical current within a perspective notably concerned with the affairs of social groups, cultural Marxism provides the conceptual tools to illuminate the meaning creating practices of individuals. Alienation, commodity fetishism, ideology, reification, and hegemony are terms conventionally employed by Marxists to make sense of the consciousness of classes of people. They are equally applicable to the distinctive historically and socially grounded processes of the "ensemble of the social relations" (Marx, 1859/1970:122) which constitute the humanity of a single person. Discourse, subjection and normalization complement these earlier concepts, providing an explanatory power capable of shedding light on how knowledge is produced -- and how the interests of certain groups are reproduced -- within and between individuals.

The theoretical possibilities inherent in such an approach too often have been ignored by contemporary Marxists. Instead, the debilitating influence of positivism has been supplanted by the lure of poststructuralism, often with equally crippling results. The current task is one of navigating between the shoals of positivism with its aversion to reflexivity, on the one hand, and those of poststructuralism with its hyper-relativity, on the other. This requires a scavenger hunt across the pages of Marxist accounts both past and present, beginning with the work of Karl Marx himself.

Karl Marx

Marx's writings contain passages that reject notions of universal criteria or timeless foundations to philosophy. While it is true that evidence of such foundationalist views can be found in his works, I choose to focus on those sections which support a radical historicist outlook. Here I am particularly indebted to the analysis of Cornel

West where he draws upon Marx "in his best moments" (West, 1991:xxii). What is apparent in reading these early writings is the normative dimension of the critical interpretive stance Marx adopts to understand the basis for what he perceives to be the existing conditions of human misery (Marx, 1927/1964:44). Whether writing newspaper articles upholding the traditional right of peasants to collect kindling (Arthur, 1970:12) or engaging in philosophical discourse with his contemporaries on the relation between the German state and civil society, Marx locates his analyses in concrete historical conditions. Rather than attempting the impossible task of detaching himself from the flow of history, he consciously immerses himself within an historical tradition by critically digesting the values of a specific community. In this way, he grounds his research in existing circumstances at a specific time and place, including the contingent agreements made by community members with respect to particular norms and objectives.

For the radical historicist, ethics serves not as a body of unassailable and unchanging justification for moral positions but as a conditional, community specific basis for rational persuasion intended to enlarge consensus (West, 1991:1-4). Marx compares the rhetoric of the dominant normative discourse with the prevailing conditions experienced by various groups in their daily life. He then seeks the material bases for the existence of discrepancies between the two realms. This supports the contention that Marx is best viewed not as an ahistorical scientist but as a 19th century ethnographer employing concepts which are culturally embedded artifacts rather than unchanging natural truths (Gaines, 1991:230).

Marx considers the role of philosophy to be one of changing the world (Marx 1888/1967:123) and his analysis attempts to reveal any discrepancy between the realities of society and the ethical discourse which spells out norms and values. His investigation leads him to conclusions which are well known. Under capitalism, there is a basic discrepancy or contradiction standing in the way of social equality and freedom. It consists of a mode of production in which one class produces commodities, the sale of which generates profit appropriated by another class. The two classes are not equal neither is social freedom possible, for the actual producers do not have control and ownership of the means of production. The attainment of full social freedom and equality would require the actual elimination of this underlying contradiction, radically transforming society in the process (West, 1991:157).

In Marx's view, the state itself is a product of this fundamental contradiction. The transition from feudalism to capitalism, Marx argues, has witnessed the transformation of state affairs from those pertaining to a ruler and servants, distinct from the general population, to matters concerning every citizen. The state under capitalism claims to stand for the common or universal interests of all citizens. It accomplishes this feat by declaring that distinctions made on the basis of education, wealth, occupation, religion, race that exist in actuality in civil society are non-political distinctions which do not affect the individual's standing as a citizen (Arthur, 1970:7-10). Formally, all are pronounced to be equal partners but the rhetoric does not coincide with the reality (Marx, 1927/1964:11-12). In this way, Marx regards the state to be a form of alienation in which people come to be dominated by an institution they have created themselves.

Alienation, Dialectical Reason and Human Nature

Marx determines that the alienation of labour constitutes the basis for this and all other forms of alienation by which human products come to confront people as "*something alien, as a power independent of the producers*" (Marx, 1927/1959: 196). In Marx's view, the solution to this contradiction lies not in the reform of the state but in the transformation of civil society itself (Arthur, 1970:12). While aware that alienation is not a phenomenon unique to contemporary society, Marx tends to restrict his discussion to the context of the capitalist mode of production. Just as an anthropologist seeks the "point of view of the other", Marx deliberately adopts the perspective of the working class to better understand the nature of this predicament. His research leads him to conclude that mediations of private property, exchange and the division of labour intervene between working people and the objects of their labour. As a result, they find themselves alienated from their products, their productive activity, their own self-production or self creation and the recognition of their shared humanity (Marx, 1927/1971:122-131).

Marx elaborates on Vico's dictum of humans making their own history by asserting that people, in fact, make themselves through the production of their means of livelihood. This formulation is considered by some to be "the most important intellectual advance in all modern social thought" (Williams, 1977:19). With this bold stroke, Marx replaces the Enlightenment's idealist version of history as the advancement of reason and knowledge with a conception based on human labour, placing culture at the centre of material social

processes. What distinguishes humans as a species is that we are inherently and essentially culture producing, i.e. meaning creating. Human nature is the historically specific product of our purposeful transformation of nature as social beings (Kessler, 1987:35-36). As a whole, culture can be understood as both the objectified legacy of the purposive activity of former generations and the current meaningful context for human action. Here anthropological distinctions between physical culture and the realm of ideas can be seen to converge in a materialist conception of culture as intersubjective, as the distinctly human "way of being in the world" (Kessler, 1987:44-45).⁸

A critical component of this perspective is Marx's use of dialectical reason⁹ which stands in sharp contrast to analytical reason, the basis of conventional science. Whereas analytical thought attempts to grasp the essential qualities of static parts and their causal sequences (Flynn, 1984:86), dialectics is concerned with the dynamic interrelationship of social phenomena. Social reality is not to be regarded as separate, bounded, interacting entities which can be defined in exclusive, discrete definitions. Rather, Marx considers the world to be a complicated network of relations internal to a social whole with particular elements constituted by virtue of their relationship to others. In this ongoing process, what is decisive are the relations among the units and not any notion of the analytic autonomy or boundedness of these units (Barnett and Silverman, 1979: 32; Sayer, 1987:19). This situates Marx's rejection of a fixed notion of human nature. The human essence is the ensemble of social relations rather than an abstraction embodied by each individual (Marx, 1947/1970:122). As a self-creating species, our nature is historically contingent and subject to change (Austin-Broos, 1987:xxvi). At the centre of this dialectical view of society lies human praxis, ongoing purposeful activity intended to overcome existing problems and to address prevailing needs. It embraces a conception of "humans being" which acknowledges the specific constraints of historical circumstances while recognizing the human capacity to surpass existing conditions through material labour (manual *and* mental), shaping our own nature in the process.

An historical materialist conception of the dynamic interplay of social conditions and human agency acknowledges that the prevailing mode of life shapes our being initially but through our practice we are capable of simultaneously transforming both our circumstances and ourselves (Arthur, 1970:23; Marx, 1888/1967:121). Endowed with the capacity to reflect on history, our own and that of others, we have the ability to educate ourselves and to change our practice accordingly (Marx, 1847/1963:121). Nevertheless, the precise

relationship between the social realm and individual agency remains disputed to this day and continues to be a critical problem for social theory (Giddens, 1987:60; Comaroff and Comaroff, 1991:9).¹⁰ A discussion of the concepts of commodity fetishism and reification reveals the centrality of this issue.

Commodity Fetishism

While alienation's frame of reference is seen to be relatively wide, describing as it does certain relationships from ancient times through to the present day, commodity fetishism refers to an historically specific period. In Marx's view, commodity fetishism constitutes the prime source of mystification in capitalist society, residing as it does at the core of the dialectic of commodity production (Shroyer, 1971:124). A commodity is a duality composed of both a use-value and an exchange-value. The idea of use-value is readily understood: human labour transforms an object into something useful or serviceable to the individual. Exchange-value is more problematic. Marx contends that an article created in a capitalist society acquires an abstract relation in addition to use-value. This abstract component, exchange-value, refers to the object's worth on the market, the value of one commodity with respect to other commodities being expressed in terms of money (Shroyer, 1971:127). According to Marx, it is "just this ultimate money form of the world of commodities that actually conceals, instead of disclosing, the social character of private labour and the social relations between the individual producers" (Marx, 1887/1967:87). The individual tends to lose sight of the actual purpose of human labour – the creation of useful objects – and the recognition of actual relations between persons and products becomes an increasingly difficult undertaking. As a consequence, people fail to recognize that having made the social world, they have the capacity to change it.

Economic mediations, supported by the political interventions of the state, are not the only causes of this misperception. Commodity and capital when viewed as universal givens rather than socio-historical constructs serve an ideological function, furthering the interests of dominant classes by portraying exploitative social relations as part of the natural order. Conventional political economy, for example, takes exchange-value and surplus value and dehistoricizes them by viewing them as timeless categories. Capitalist social relations are also transformed into immutable phenomena (Geras, 1971: 77). Once again, people are cast in the role of being spectators in a world of their own making.⁵

Here we have the sketchy beginnings of a critique suggested by Marx's original account of the different cultures existing within capitalist society. Rather than comprising a single, unified, homogeneous domain, culture as a way of life can be seen to be differentiated into two components. Their actual composition is derived from the relationship of the groups – the propertied class and the working class – to the means of production and to each other. While both can be seen to be victims of Marx's earlier concept of alienation and of commodity fetishism, the manner in which these oppressions are lived begin to take on distinctive forms. For working people, no benefits are the result. For the propertied class, these conditions provide the distorted basis of their power. Nevertheless, a tendency towards a shared world view does exist as Marx maintains that the dominant ideology is the ideology of the capitalist or ruling class.

Ideology

Ideology's career began as an Enlightenment inspired science whose objective was to provide a rational account of the laws governing the occurrence and development of ideas (Williams, 1977:56; Eagleton, 1991:66). With Marx and Engels, ideology initially means quite the opposite, referring as it does to an alienated product of mental labour which comes to exert a power over people as an autonomous entity (Eagleton, 1991:70-71). Not only is the sense of ideology modified, but it also takes on at least three distinct meanings with its contact with Marxism: a belief system which reflects the distinct interests of a particular class or group, a system of false beliefs which stands in opposition to objective or scientific knowledge and, finally, the universal process by which ideas and meanings are produced (Williams, 1977:55). It is Marx's emphasis on the first sense that captures the imposition of the interests of the dominant or ruling class on others (Comaroff and Comaroff, 1991:22-23). This definition refers specifically to "the concealment of contradictions" (Larrain, 1983:208) and it is this conception of ideology which will concern us.

Here Marx's criticism of conventional thinking is not based on the fact that it is class determined as such, but that it denies its determined nature. For example, his analysis of capitalist society results in his conclusion that the fundamental contradiction between labour and capital can only be resolved through the collective efforts of working people to transform the social relations of production. Seeking to grasp the obstacles facing such a project,

Marx acknowledges the social determinedness of his own thought and consciously attempts to take the point of view of working people (Larrain, 1983:209). Rigorous and systematic though it may be, Marx's project is informed by a partisan impulse. It consists of a socially constituted perspective which privileges the point of view of a particular class. That qualification alone nullifies any claim to neutrality (Aronowitz, 1988:530).

Georg Lukacs

Georg Lukacs' contribution deepens our understanding of the impact of economic, political and ideological elements on human consciousness. His pivotal conception of reification is based on a Marxist interpretation of concrete totality. Contrary to conventional knowledge in which social phenomena are viewed as isolated elements, Marxism considers society to be comprised of interrelated aspects (West, 1991:142). These components include individuals as well as broader social relations, productive forces and cultural formations, all of which are vital elements in an ongoing process. Lukacs primarily uses the term mediation to refer to the interconnection and interaction of the parts within the overall complex, an aspect in question being viewed in light of its unique position within the intricate system of mediated relations (Meszaros, 1970:71).⁶

A person's level of awareness of the hierarchy of mediated complexes indicates "the degree of clarity to which a man [sic] has attained concerning the foundations of his existence in these relations, i.e., the degree of consciousness of himself" (Lukacs, 1971: 185). As the individual penetrates the immediacy of these perceived complexes and begins to appreciate their mediated nature, action designed to eliminate the reified character of these relations can begin. Whereas the capitalist clings to the illusion of having some control over commodity production, the worker comes to see the same process as one of total enslavement. As the working people as a class become more aware of their exploited situation, they begins to recognize the necessity for collective action.

Recognition of the overall character of social reality is an essential component of class consciousness, a prerequisite of the collective enterprise demanded if objectified relations are to be abolished leading to the reconstitution of individuals as truly human beings. Here Lukacs seeks to substantiate Marx's claim that perception of the totality of social reality has fallen prey to the destructive influence of commodity production. In his view, the human relations implicit in commodity relations have so faded from view that it is

difficult to detect them at all. Commodities have taken on the appearance of natural objects, independent entities which seem to bear no relation to human productivity. They appear to be governed by natural powers, forces which come to dominate the very people who are responsible for their creation.

Lukacs charges that the wholesale application of methods from the natural sciences to the study of social reality testifies to the pervasiveness of this reified consciousness or reification, the tendency to view interrelated social processes as fixed entities or things. The methods used in both administrative and scientific practices are those which best serve to divide the world into isolated complexes, lending themselves to quantitative calculation. Empirical facts are valued as ends in themselves as the objective world is fragmented into successively smaller components in an attempt to gain control over discrete aspects of reality (West, 1991:143-144; Lukacs, 1971:6). The preoccupation of conventional thinking with such facts serves to support the status quo for it denies the legitimacy of any theory which would challenge the immediacy of reality (Lukacs, 1971:184).

Much as mainstream social science is a product which reflects the interests of the ruling class, Marxist dialectics embodies the interests and biases of the working class, providing the means for understanding social reality in a manner which encourages an active engagement in shaping the ongoing historical process (West, 1991:144). Empirical facts which once appeared to be fixed and static come to be recognised as aspects of an ongoing process with the working class as the active force capable of transforming society. Simultaneously, the reified consciousness of working class individuals is transformed as they move from considering their class to be a fixed and unchanging part of society to increasingly recognising its collective potential to reconstruct the social whole. The movement to alter existing conditions is initiated by the realization that there is a discrepancy between the prevailing normative discourse and the actualities of everyday life.

What is especially valuable for my purposes is that this provides the elements for a nonfoundational cultural critique. As Lukacs observes, it is an approach that begins from the norms and values of a particular society, the normative discourse including positions both supportive and critical of existing social arrangements and indicating the styles of reasoning judged to be valid for establishing truth claims. Discrepancies between beliefs and the daily reality encountered within the system of production, specific social relations, legal arrangements and other cultural formations are then explored and the source of the contradictions sought (West, 1991:153). In this way, Lukacs stresses Marxism's critical

interpretive nature, endeavouring to understand how actual people respond to their lived experience under particular conditions (Ulin, 1984:128).⁸

Antonio Gramsci

Antonio Gramsci is clear in his demarcation from foundational knowledge of any kind. He pointedly rejects any claims of Marxism itself to constitute the basis of universal criteria for knowledge.⁹ Here Gramsci locates himself squarely within a radical historicist reading of Marxism, advancing our understanding of ideology on a number of fronts and elaborating the concept in a more positive direction.

In his view, ideology constitutes the "terrain on which men [sic] move, acquire knowledge of their position and struggle, etc" (Gramsci, 1971:377). He denies that there is a direct correspondence between the social structure and ideological expression. While it could be argued that structural relationships impose a certain realm of possibility upon individuals of a particular group, the patterns of thinking and doing that tend to result more accurately correspond to discernible *cultural logics* rather than to iron clad laws. This is due to the fact that people have varying levels of awareness of the implications of their common circumstances. The determination of the course which best advances their shared concerns is an imperfect exercise, drawing on lessons from past occurrences, everchanging demands of the present and anticipation of future eventualities (Larrain, 1983: 86-87).

Whereas ideology can be understood as an articulated system of beliefs and values expressive of the interests of a particular class or group, Gramsci's concept of hegemony takes the form of a common sense experience of the world which defies ready identification precisely because it is taken for granted (Comaroff and Comaroff, 1991:23). Hegemony refers to the encouragement of voluntary co-operation or consent as a means to achieve domination without a reliance on the use of force. As such, hegemony's relatively recent emergence is judged to be testimony to the increased complexity of capitalist society. In Gramsci's view, the education system, organised religion and the media constitute ideological apparatuses which buttress the state's capacity to use force to achieve its ends (Larrain, 1983: 85).¹⁰ These institutions play a crucial role in the cultivation and maintenance of hegemony which, by definition, supersedes the identifiable beliefs and values contained within ideological systems.

Hegemony is a way of life comprised of the lived subordination and dominance of specific groups which so saturates the entirety of living – shaping our sense of self, our perceptions of the world, our sense of reality – that its influence is all but absolute (Williams, 1977:110). Here culture takes on an asymmetrical character, enveloping the individual within a realm of possibilities skewed by the presence of class or group interests which act as constraints on belief and behaviour. These phenomena need not originate solely from a class dimension but may be reflective of gender or other socially significant distinctions. Yet despite its apparent pervasiveness, hegemony's position of domination is neither static nor final. Counter forces are continuously resisting and contesting its effects, challenging its claim to domination and constantly forcing it to defend, modify and reinvent itself (Williams, 1977:112). Thus, processes both emergent yet subordinate, residual yet active, perpetually contest society's constitution (Williams, 1977:121-122).

This is no less true in the dynamic of the self. Gramsci confirms Marx's conception of the individual as a vital creation, both the "synthesis of contemporary relationships" and the "summary" of the entire past" (Manzani, 1957:48). Clearly, it is insufficient to simply examine the totality of interconnections at a given instant. One also must comprehend how the various relations came into being and are changed over time. Only in this way will it be possible to gain an understanding of one's identity, the central organising principle which provides cohesion to this lived experience. "The starting-point of critical elaboration is the consciousness of what one really is, and is 'knowing thyself' as a product of the historical process to date which has deposited in you an infinity of traces, without leaving an inventory" (Gramsci, 1971:324). ¹¹

Jean-Paul Sartre

Jean-Paul Sartre's aim is to clarify the individual's singular being-in-the-world at this intersection of history, social structure and biography. Sartre directs his attention to the study of the uniqueness of each individual's lived experience, striving to disclose the exact historical sequence whereby the person acted in terms of the possibilities at hand and was acted upon in turn. He believes that the composition of a person's makeup should be accessible to a properly applied psychoanalytic technique. The reconstruction of an individual's history should be feasible by first isolating certain initial determinations and

then tracing the person's progress through a succession of choices and actions (Manser, 1971:346-347).

Sartre is intrigued with the notion that people, conditioned by the social situation in which they find themselves, are nevertheless able to surpass these current circumstances, altering or conditioning their environment in turn. Sartre regards the project to be the person's choice of one course of action from among a number of alternatives. The cluster of options does not remain fixed, but rather is continuously being modified in accordance with the changing social circumstances which act as mediations constraining human activities. For Sartre (1963/1968:99), praxis refers to purposeful human action, the actual surpassing of the existing situation in order to realize the particular end outlined in the project itself.¹² Totalization refers to the ongoing conscious synthesis of the various parts of the social whole, the continuous constituting of the field of meaning upon which the person sums up the present situation (thesis), projects into the future (antithesis) and subsequently acts (synthesis).

With this line of inquiry, Sartre expands and enriches our conception of culture. It now becomes possible to conceptualize the individual – a girl, for example – as being a fundamental unit of cultural analysis. The individual is shown to be concurrently a distinctive cultural product and an equally singular cultural producer. She exists not as a solitary, asocial individual but as a social being-in-the-world who stands in relation to herself and to others mediated by her distinctively novel interpretation of her experience, past and present.

Sartre notes that a person exists within specific social conditions and makes choices and decisions on the basis of the perceived objective possibilities available. Yet during childhood, the individual acts without comprehending the constructed nature of the existing social context, typically encountering and internalizing attitudes as virtual absolutes. Particular patterns of behaviour are learned, contradictory requests made by adults are frequently experienced, anxious attempts to break free of confusing situations occasionally occur – all this takes place in a situation only vaguely understood by the child. Adults function as mediators in this process, introducing children to a class-biased conception of reality which is accepted by youngsters as the natural order of things (Gorz, 1959:59). This groping to comprehend social reality and to move beyond what are often bewildering predicaments is considered by Sartre to provide the basis of the fundamental quirks and deviations of a person's character. The reverberations of our initial efforts to make sense of lived situations are still experienced in our activities as adults.

Variations of Marx's concept of alienation and Lukacs' notion of reification illuminate this formative process. Sartre maintains that in the eyes of most Marxists, "everything seems to happen as if men [sic] experienced their alienation and their reification *first in their own work*, whereas in actuality each one lives it *first* as a child, *in his parent's work*" (Sartre, 1963/1968:62; original emphasis). The term alienation is first employed by Sartre in *Being and Nothingness*. This version seems to be a literal application of the one introduced by the German phenomenologist, Edmund Husserl¹³, which focuses on interpersonal encounters.

Sartre's later Marxist formulation recognizes that human practice is mediated by social structures as well as by other people (Sartre, 1960/1976:79).

According to Husserl, as the girl comes to realize that others are subjects for themselves as she is for herself, she is compelled to recognize that in their eyes she has an object-character as well as a subject-character. Moreover, she must acknowledge that their view of her has as much validity as hers of them. Another person thus serves as a type of mirror in which she perceives that she is not wholly subject, but also has the character of an object. Here she experiences herself as something "other", something "alien" to her subjectivity. In short, she experiences her "alienation" (Schacht, 1971:228). In Sartre's words, "by the mere appearance of the Other, I am put in the position of passing judgment on myself as an object, for it is as an object that I appear to the Other" (Solomon, 1972:306). Sartre regards this momentary "alienation" from active subjectivity to be a common occurrence in everyday life.¹⁴

Sartre insists that it is only through the acknowledgment of the consciousness of others that self-recognition comes into being (Solomon, 1972:306-308). This view is strongly reminiscent of Hegel's contention that self-consciousness involves distinguishing between oneself and other objects in the material world with one's sense of self-esteem dependent upon being perceived by other people to be a unique individual. Hegel argues that, initially, a person wishes acknowledgment from others without granting recognition in return, a struggle for self-recognition which finds its most noteworthy expression in Hegel's discussion of the Master-Slave relationship (Plamenatz, 1963:152-154).¹⁵ Sartre characterizes this struggle for self-recognition as being an attempt to avoid being objectified in the eyes of other people. Each person wishes to be seen as an active self-creating subject, not as a fixed entity comprised of static properties (Solomon, 1972:305). Yet with every purposeful action -- every objectification of a project -- the specific intentions of the

individual are revealed. Other people are free to infer the presence of changeless personal characteristics on the basis of these significations.

Lukacs' discussion of commodity fetishism and of the reification of consciousness are particularly relevant here. Reified thinking is predisposed to consider all phenomena as isolated empirical facts rather than as finite moments in a dynamic movement. Consequently, an individual's actions, words and gestures will in all likelihood be treated as statements of the static nature of the person's character. Reified thought is seen to be a feature associated with commodity fetishism, a style of reasoning prevalent in advanced capitalist society. Reification of consciousness hinders mutual recognition and non-distortive self-reflection, abstract thinking thereby acquiring an historical dimension.¹⁶

To some extent, childhood legacies are prototypes of the reifications of consciousness which people will encounter as adults. Yet Sartre maintains that youthful distortions are more profound, more fundamental, for they originate at a time when the individual is ill-equipped to make sense of them. The girl's state of physical and emotional dependence and her relative inexperience which act to constrain her powers of self-recognition combine with the probable prevalence of reified consciousness amongst adults to provide circumstances consistent with this explanation. Sartre also touches at the roots of Gramsci's notion of hegemony (Williams, 1977:108-111) by exploring how these reifications form part of largely unreflected memories of past encounters, lived as though they reflect reality. Early social constructions – reified due to being suppressed, repressed or simply inadequately examined – take on an essentialist cast.¹⁷ They coincide with what Victor Turner calls "root paradigms", those "fundamental attitudes that are lived as matters of life and death" (Turner, 1974:64).

Sartre (1963/1968:106) argues that, in all its myriad forms, the project which is the individual's life is essentially the struggle to transcend these original skews and deviations, the residue of childhood alienations. The individual lives or exists these reifications, surpassing them yet preserving them in each act. One's personal history seems to unfold with the same critical deviations being broached, yet always in superficially new guises and at different levels of intensity. In Sartre's estimation, reflection can provide insight into the formation and maintenance of crucial reifications of consciousness. By situating decisive incidents in their social context, it becomes possible to identify the influences which were in play and to reconstruct one's role in the proceedings.¹⁸ By this point, Sartre's once controversial definition of existential freedom has shrunk to a more modest version, now

being limited to that "small movement which makes of a totally conditioned social being someone who does not render back completely what his [sic] conditioning has given him" (Sartre, 1969:45).¹⁹

Recent studies by Robert Connell (1987) and psychologist Edmund Sullivan (1984) use Sartre's model to explain how a person makes multiple constitutive choices, thereby shaping an ongoing sense of gender, sexual orientation, race, and ethnicity in a manner similar to that of class. The individual and society are mutually constituted by the process in which human agency encounters social structures, social constraints on individual practice. These elements comprise critical axes requiring negotiation by the individual in relating to everyday social situations, practice always occurring within a specific setting or realm of possibilities which is the precipitate of human history. Objective structures (Bourdieu, 1980/1990; 1989) – including those related to status groups, ethnicity and gender as well as class (Bocock, 1992:147) – mediate the representations and practice of individuals of a particular group. It is in the context of these ongoing encounters that identity as a "socialized sense of individuality" (Epstein, 1987:29) is formed, maintained and altered.

Structural contradictions expressed through the practices of care givers have a formative impact upon the child (Connell, 1987:221-222), yet they are not causally determinant. It may be the case that the interpretive repertoire available is largely dependent on the realm of possibilities embodied by significant care givers. However, significant adult-child relations typically are not hermetically sealed from other social relationships. Neither does the self knowledge and behaviour of the child simply mirror that of significant adults, for individuals have the capacity to shape the meaning of existing cultural materials (Turner, 1990:210). Sullivan indicates that the small element of freedom or creativity that exists in Sartre's concept of project can be seen to comprise a transformative dimension. This complements Pierre Bourdieu's recent, more conservative notion of "habitus" (Bourdieu, 1977:78-79; 1980/1990:54), specific values and attitudes embedded in significant relationships of our childhood which form a common sense template filtering subsequent perceptions of reality (Sullivan, 1984:61).

During the early years of a person's life, the sense of being-in-the-world appears to be particularly vulnerable to erratic, inconsistent or ambivalent responses from the social setting, particularly from significant care givers. Concurrent identity projects may come in

conflict, requiring an expenditure of energy to maintain a sense of stability in the face of shifting external demands and contradictory responses from within (Connell, 1987:221). The resultant sense of "ontological insecurity" (Laing, 1959/1965:39) may be momentary or more long lasting. This sensation of distress is also likely in conditions of oppression or domination when a person is objectified by others on the basis of possessing certain attributes. Especially abusive encounters of this type appear to be powerful vehicles for instilling an objectified sense of self with fixed characteristics.²⁰ This also suggest a way to decipher the experience of survivors of child abuse for whom personal trauma would appear to have precipitated reified self-concepts. Here we have a means to see the social origins of contradictions which are commonly constructed as psychological or emotional problems inherent in the individual (Jameson, 1972:218).²¹

Patriarchy and racism appear to predate capitalism with their current expressions being mediated by historically specific capitalist formations (Sullivan, 1984:91-101; Gordon, 1985:214; Foley, 1990:26-30). These systems of domination as well as ageism and homophobia lend themselves to this conceptual approach.²² In each instance, analysis is needed of the economic, political and ideological factors that perpetuate the discrepancy between normative rhetoric that trumpets equality and reality that perpetuates oppression. Here lived experience – both past and present, reflected and unreflected – reveals itself to be a multi-dimensional determining structure shaping perception and action.

Structuralism, Poststructuralism and Beyond

This version of cultural Marxism tends to attribute power to individuals, but individuals embedded in a larger collectivity as ensembles of social relations. Structuralism, by contrast, eases the locus of power away from individuals as active initiators.²³ From Louis Althusser through to the poststructuralism of Foucault, the emphasis is placed on "structuring structures", social relations involving "interpellation" (Althusser, 1970/ 1971:163) whereby particular identities are hailed into existence. This approach neglects the individual's capacity to reflect on present and past relationships and to take action despite or in opposition to these determining relations. Despite these excesses, a lasting contribution of structuralists lies precisely in their appreciation of the issue of structure (Slack and Whitt, 1992:582). Louis Althusser's conception of over determination is especially valuable in this regard. Here contradictions at different levels within a structure

-- the economic, political, ideological -- can be seen to overlap, resulting in a more consequential determination (Connell, 1983:119).

Contemporary poststructuralism continues structuralism's progression away from purposeful human action only now the notion of structure has been reduced to fragments and power is seen to reside primarily within discourse.³⁰ Here poststructuralist Jacques Lacan uses structure to advance our understanding of human culture. He considers the initial structuring event to occur during a 'mirror stage' of human development. This psychoanalytic formulation predates Sartre's "look of the other", a phenomenon to which it bears a striking resemblance. Lacan argues that any sense of a unified or whole self is a social product, the outcome of interaction with significant parental figures. The 'mirror stage' corresponds to when the girl, mirrored in the look of the other, imagines herself to be a whole person. This moment marks the entry of the child into active engagement with the prevailing cultural systems of representation (Lacan, 1966:97).

According to Lacan, this initial identification structures the person's sense of self, the origins of which remain unconscious (Wilden, 1968/1981:160). Throughout our lives, he argues, we strive to recapture the fleeting sense of fullness associated with the 'mirror stage'. We seek to substantiate this wholeness from our perceptions of how we are viewed by others. Our preoccupation with securing a stable identity takes the form of ongoing self-constructions through which we attempt to integrate diverse and often divergent self-impressions into a coherent and consistent whole (Hall, 1992c:287-288). For Lacan, it is this sense of absence expressed through desire that sparks cultural creation, the will to represent, to express, to make sense, to make meaningful (Trawick, 1992:145).²⁵

The dynamic nature of structuring relationships cannot be under-estimated. Identity understood as the central organizing principle of multiple identifications (Hall, 1992c:287; Moore, 1994:64) can not be presumed to hold sway solely by means of the inertia embodied at its inception. As a social construction, one's sense of identity is embedded in social relations immediately encountered, remembered and anticipated. It is a work in progress requiring continuous reflexive supervision, an overseeing activity that demands an expenditure of energy. In part, it is the shifting complexity of this configuration that explains the undeniable distinctiveness of each person in the midst of relationships held in common. In addition, cognitive and emotional tendencies (Trawick, 1992:216) distinguish one human from the next moments after emerging from the birth canal. They, too, constitute structuring elements, decisive constraints on our meaning creating practices.

Michel Foucault

Arguably one of poststructuralism's foremost figures, Michel Foucault seeks to fashion a unique perspective by splitting the seams of conventional social theory. At the outset, he rejects phenomenology's notion of the meaning giving transcendental self. Similarly dismissed is structuralism's behaviourist conception of the individual preyed upon by rule bound stimuli emanating from prevailing social formations. Finally, he counters any claim that a hermeneutic is required to unearth meanings hidden from the individual, arguing instead that the positing of the existence of particular deeper meaning is merely a cultural construction which plays a regulatory function (Dreyfus and Rabinow, 1982:xxiii-xxv). Foucault argues that all systems of interpretation are themselves structuring structures, constituting specific versions of human nature in the process of purporting to describe it.²⁶ This would account for his own "anti-theoretical stance" (Waitzkin, 1991:21), Foucault avoiding an epistemologically coherent account for fear of imposing yet another interpretive grid which suppresses – and, potentially, oppresses – as much as it illuminates and reveals.

Central to Foucault's approach is the concept of discourse, understood to refer to a group of statements which provide the means to discuss or represent a particular subject. These statements offer a language through which a topic can be talked about or constructed while simultaneously limiting the ways knowledge can be conveyed. Foucault uses discourse as an attempt to move beyond the limitations of the definition of ideology which promotes a false dichotomy between value-biased knowledge and value-free objectivity. He argues that all knowledge claims are produced within fields of power; as such, they are not immune to the interests of the individuals and groups who author them. Even – or, perhaps, especially – statements commonly understood to be factual are not value free (Hall, 1992d:291-293).

What we understand to be social facts are representations about reality which are presented within a particular discourse (Rabinow, 1986; Hall, 1992d:292). Discourses are historically situated. Their associated claims to truth mobilize specific technologies commonly recognized to be legitimate mechanisms for distinguishing between accurate and inaccurate statements about social reality.²⁷ The meaning that is produced is valid contextually, rather than universally. It must be situated within the economic, political, social and cultural processes at play at any moment (Hall, 1992c:13). This is no less true of the

meaning giving practice that constitutes an individual's ongoing identity negotiations than it is of broad based accounts of social dynamics. The fields of power that are implicated are not limited to those focused upon in Marx's classic account of capitalism. Significant forces exist in terms of race, gender, sexual orientation and other cultural traditions which inform economic phenomena associated with capitalist production much as they themselves are influenced in turn (West, 1993:266-268).

In part, the recent emergence of the cultural politics of difference – identity politics – underlines the necessity to consider a variety of dimensions when attempting to carry out a cultural analysis. No meta-narrative or totalizing discourse can purport to offer a comprehensive account. Consistent with this view, Gayatri Spivak (1990:15) suggests a Marxist, feminist, deconstructionist sequence of analysis and even this list is not exhaustive. In addition, the relational nature of knowledge (Rosaldo, 1989/1993:206-207) requires that the researcher be prepared to undertake a similar reflexive inquiry to supply the reader with adequate documentation of his or her own formative influences. We must resign ourselves to identifying the *probable* determining factors in order to arrive at a reconstruction of the precipitating events informing what is a uniquely individual interpretive process. Our rigorous labours notwithstanding, the outcome will be an informed speculation which is an approximation at best.

Foucault employs the concept of discourse to direct attention away from a preoccupation with sovereign power housed in the state and towards a consideration of other techniques of domination which have emerged over the course of the past few centuries. Specifically, he identifies disciplinary power, a discursive mechanism which utilizes surveillance and is associated with the formation of new apparatuses of knowledge such as the human sciences (Smart, 1985:80). He points to the power of "men over women, of parents over children, of psychiatry over the mentally ill, or medicine over the population, of administration over the ways people live" (Foucault, 1982/1983b:211). In his estimation, the exercise of control in any of these areas is of little significance to the discussion of the economic aspects of power, yet these processes are crucial to the maintenance of power in a general way (Foucault, 1980:116). They consist of power techniques pervading daily life in which people are categorized according to a specific identity, a dynamic which he terms subjection.

Foucault uses subjection in two senses. First, as an object of dependence and control, the individual is subjected to discourses of knowledge and power. Second, an

individual becomes a subject with a specific identity fashioned through the internalization of the information conveyed by these discourses, thereby acquiring a self-governing conscience (Foucault, 1982/1983b:212).²⁸ Since the 1800's, subjection has been the basis of a subtle form of social control through the compiling of case files in which people are described, analysed and judged according to discernible particularities and differences. "The turning of real lives into writing functions as a procedure of objectification and subjectification" (Foucault, 1975/1979:192), measurement and calculation serving as mechanisms to individualize, train and discipline in a process Foucault terms normalization.

The 19th century development of the prison system serves as an early example of normalization in which the prisoner and crime become the objects of scientific research and social control (Dreyfus and Rabinow, 1982/1983:189-194). Medicine, psychiatry and psychology are key players in this encounter, each fashioning a particular object in which knowledge of the individual is seen to be a prime requisite for rehabilitation. These specialized disciplines aid in the construction, classification and regulation of behaviour considered to be abnormal or anomalous (Foucault, 1975/1979: 256).

It is hardly a coincidence that the rise of these human sciences coincides with the growth in influence and sophistication of the modern state. The two are inextricably entwined, the disciplines of the human sciences simultaneously informing the ideological apparatus of the state and responding to its needs. Their similarities extend to the manner in which processes of normalization are central to their functioning. Recasting of political problems in the language of science is one way that the normalization process advances, expanding its realm of supervision and administration over social problems which it is ill-equipped to resolve. Failure to achieve its stated ends merely fuels calls to extend the authority of these human science specialists (Dreyfus and Rabinow, 1982:189-198).²⁹

Contemporary Theory on The Role of the State

In one of his final essays, Foucault reverses his emphasis on local expressions of power (Bocock, 1986:16) by identifying the state as the main repository of subjection, the administrative moulding of the individual's conscience previously exercised by the church in the form of pastoral power (Foucault, 1982/1983b:212-215).³⁰ He calls for resistance both to the state in its incessant campaign to advance the interests of the status quo and to the normalized subjectivity propagated by the various agencies of the state. His

targeting of "this kind of 'double bind,' which is the simultaneous individualization and totalization of modern power structures" (Foucault, 1982/1983b:216) is evocative of hegemony in which consent is secured under the guise of common sense.³¹ Similarly, the disciplinary "gaze" shares features in common with Sartre's "look" writ large. And his emphasis on the state's role in individualization is evocative of Marx's depiction of the state's enshrinement of the rights of individuals to the detriment of those of the group. Here the state is not understood to be the direct, monolithic administrative arm of dominant classes. Rather, it performs its organising role with relative independence, containing and constraining conflicts between various classes and social groups yet doing so in a manner that maximizes the hegemony of dominant interests (Bottomore, 1983:464- 465; Giddens, 1982; Ng, 1988:22).

The late 19th and early 20th century witnessed the emergence of an increasingly sophisticated, centralized state in Western societies. The capitalist welfare state employs laws and social policy to support an ideology of free and equal exchange between individuals as conspicuously exploitative arrangements have given way to a market based economy in which such notions of equality and freedom are explicit. Each working person is considered to be equally able to exchange his or her labour power for a wage. Attendant principles of individual rights, responsibilities and self control are embedded as commonplace assumptions with the consolidation and expansion of the capitalist mode of production (Comaroff and Comaroff, 1991; Foucault, 1975/1979). In due course, traditional social relationships are supplanted by commodified relations of exchange between increasingly automatized individuals (Keat and Urry, 1975; Marx, 1887/1967; Spitzer, 1983; Verlaan, 1991).

Self mastery and individual responsibility are fundamental premises which underlie the systems of civil law, criminal justice and health under capitalism. The policies and practices of these apparatuses serve to fragment notions of class allegiance or political coherence by representing workers as individual citizens while simultaneously promoting an image of the state as the guardian of the interests of society in its entirety (Ratner et al., 1987; Wilson, 1977). The state possesses a legitimacy to intervene and to exercise normalizing or social control functions when standards of behaviour are judged to have been violated. This is no more apparent than in matters of social justice which reinforce the individual wage contract. Justice is meted out through court cases, a mechanism whereby

the state regulates relations between economic classes as well as ethnic, gendered and other social groups by re-casting them in individual terms (Taylor, 1983; Verlaan, 1991).

The dialectical nature of the state's evolution is attested to by the fact that extension of the social safety net was largely due to political struggles waged by working people (Gough, 1979; Gramsci, 1988; Ratner et al, 1987; Scull, 1984; Verlaan, 1990; Wilson, 1977). State benevolence takes the form of treatment and care for those individuals who are unable or unwilling to comply with the norms of individual responsibility, self-reliance and productivity. By the mid 19th century, workhouses and asylums were well entrenched as institutionalized markers of the deviant and the abnormal, this segregating function simultaneously reinforcing the dominant societal expectations of all its citizens (Scull, 1977/1984; Spitzer, 1975). It is in this context that Foucault's concept of subjection gains its relevance as groups and individuals, finding themselves increasingly subjected to the disciplining influence of social policy and practices, interiorise normative expectations as self-monitoring references.³²

The "discovery" of childhood (Aries, 1962) is an example of this phenomenon. With the designation of children as a distinct class of people came an accompanying assortment of rights, obligations and characteristics reflecting this special status. Perceived as being innocent, dependent and nonresponsible, children found themselves in a relatively powerless position with respect to society as a whole. Typically characterized as politically disenfranchised, economically dependent, socially unorganized, and physically weak, children were especially vulnerable to the sanctions and rules of more powerful adults who assumed responsibility for their well being (Conrad and Schneider, 1980).

The establishing of childhood as a distinct category was furthered by the expansion of capitalism and the consolidation of the welfare state. The spread of wage labour served to erode the ability of the head of the family to support and control family members. The state assumed numerous responsibilities and rights formerly residing with this patriarchal figure (Gordon, 1988). The state's rights over children enshrined in the concept of *parens patrie* with its associated tutelary complex (Donzelot, 1979; Campbell, 1990; Conrad and Schneider, 1980; Ingleby, 1985) is perhaps the most striking instance of its paternal function. The essence of this benevolent role was the right and responsibility to determine what is in the person's best interests, regardless of the individual's point of view on the matter. This

amounted to a legal sanction to ensure that children receive adequate resources for the passage from dependent and possibly deviant childhood to responsible adulthood (Conrad and Schneider, 1980). It was an attitude which would become legitimized and entrenched as a virtual common sense truism as state employed professionals with their supposed expertise increasingly extended the influence of the state into civil society (Ingleby, 1985; Conrad and Schneider, 1980; Lasch, 1977).³³

Under contemporary conditions, this mandate is articulated by a variety of apparatuses – social service, housing, education, health, criminal justice – whose scope and sophistication far exceed anything remotely present during Marx's time. These sub-systems flourish with an ostensible independence which typically detracts from the investigation of how this illusory appearance of relative autonomy is itself a feature of the social whole.

Legitimation of this process is provided by members of what Pierre Bourdieu has termed a "new cultural petite bourgeoisie" (Bourdieu, 1984:466-472). This consists of workers in the area of health and social welfare whose leverage is due to their educational qualifications, or "cultural capital" (Bourdieu, 1984; Dickinson and Andre, 1988:300). Termed "social regulators" (Suarez-Orozco, 1987:232) by Foucault, these professionals "are in a position to articulate and change public perception through their power over knowledge via the media, professional journals, schools, universities, and popular culture at large" (Kenny, 1986:8). This category includes both mental health workers ranging from psychiatrists and nurses to psychologists, social workers, family counsellors, child care and youth workers and involves the ideological "production of needs for public services as well as the provision of those services" (Lash and Urry, 1987:295).

Members of the state's "social problems apparatus" (Morgan, 1981; Ng, 1988:27), these middle class professionals are employed either as individual consultants or as program staff to provide care to and/or social control of a designated population (Wilson, 1977; Ng, 1988:99). This description includes the staff of the Facilitating Program engaged as they are in the delivery of mental health services primarily to adolescents who have been identified as being conduct disordered.³⁴ Funded by the Ministry of Health, their role fulfills a tutelary function in the area of child and youth welfare. Specifically, it entails a regime of guardianship, orchestrated relations of discipline, instruction, care and protection (Dyck, 1991:24) intended to address perceived instances of delinquency, child abuse and neglect.

Here we are reminded of Gramsci's distinction between the use of legalized coercion by means of the courts, prisons, police, on the one hand, and the manufacturing of consent through the dissemination of a specific set of values, beliefs and attitudes by the mass media, schools, religious institutions and the family, on the other. Both aspects are activated to advance the interests of the established order, yet it is the subtle mechanisms of consent that predominate within the practice of medicine (Waitzkin, 1991:15) and the health professions, in general. Within the daily practice of each of these disciplines, the plight of the individual is seldom situated within a cultural critique,³⁵ an oversight which enables micro political encounters to maintain and reinforce prevailing social relations of society as a whole (Waitzkin, 1991:9).

Critical Medical Anthropology

Critical medical anthropology views biomedicine – Western medicine – as a cultural system which constitutes as well as expresses cultural meanings, conveying an experience of common sense reality or seamless immediacy. The practitioners of this approach typically hold to the view that biomedicine does not uncover facts so much as produce them, its empiricist premises and methods effectively sanctioning the existing social order by obscuring the feasibility of producing alternative views (Young, 1980:144). The objective of critical medical anthropology is to throw into relief the ideological premises of conventional knowledge (Young, 1980:136; Hammersley and Atkinson, 1983:3-5; Aronowitz, 1988) generated and sustained by the interplay between biomedicine and broader cultural processes of Western industrialized society.

Conventional knowledge commonly holds that human behaviour is largely attributable to the voluntarist, intra psychic motivation of each individual with society being the sum of these separate parts (Gaines, 1992). In this view, accuracy is supposedly secured with the transfer of the natural science's methodology to social concerns, the use of allegedly value free language ensuring objectivity (Young, 1980:137). By contrast, critical medical anthropology contends that biomedicine's distinct theoretical orientation and specific social relations of knowledge production mystify by marginalizing or suppressing certain knowledge in the process of privileging particular empirical facts (Young, 1980:144; Rabinow, 1986; Waitzkin, 1991). It argues that biomedicine substitutes a desocialized unit

of analysis for an actual human subject, thereby doing violence to the existence of personal meaning (Young, 1980; Kovel, 1988; Lock, 1987: 38).

Critical medical anthropology contains within its ranks a distinctly Marxist current which maintains that biomedical terminology is infused with epistemological assumptions reflective of the capitalist mode of production in which it is fashioned (McLean, 1990:979). This approach considers conventional psychiatric categories – conduct disorder, for example – to be dichotomizing categories supported by the "rational individualist" (Comaroff, 1982:57) ideology of contemporary Western capitalism which promotes the division of mind from body, subject from object, individual from society, etc. It also argues that biomedical treatment routinely favours pragmatic individual coping when the source of the predicament frequently lies at the level of social conditions requiring collective efforts to resolve (Waitzkin, 1991).

Critical medical anthropology strives to "approach health problems, conceptions, and institutions without separating the intimately related dimensions of contextual constraints, meaning systems, and individual experience" (Bibeau, 1988:404-405). A chorus of voices³⁶ can be heard calling for a perspective capable of accommodating global, regional, local and personal influences within a "thick description" (Bibeau, 1988:402) reflective of their subtle interconnections in everyday life. One observer characterizes this situation as "a theoretical impasse ... which requires a well-differentiated theory of power able to draw together theories of structure and theories of agency under one more advanced theoretical perspective" (Pappas, 1990:203). Consistent with the suggestions (Bibeau, 1988; Frankenberg, 1988:330) and the practice (Waitzkin, 1991) of some, the preceding theoretical discussion represents my own efforts to mine the cultural Marxist heritage to meet this challenge. In particular, I have focussed on ideological dimensions of knowledge production constituted in distinct economic and political conditions and constitutive of those circumstances in turn. What remains to be outlined are a methodology and methods compatible with this outlook.

CHAPTER THREE – TOOLS, TOOLKIT, PRACTICE

We do not see things as they are;
We see them as we are.

Talmud

Anthropology...does not simply describe its subject matter; it systematically constructs and produces it.

Bernard McGrane (McGrane, 1989:4)

My methodology draws on the premise that we can never "legitimately claim access to demystified facts" (Young, 1982:277). Shared meanings, symbols and practices – in a word, cultures – are neither homogeneous nor neutral. Interwoven with power dynamics, this "multi-vocal and over determined" (Rabinow and Sullivan, 1979/1987:7-8) field constitutes an intersubjective realm in which there can be no final recounting, no privileged perspective from which to capture objective reality. The approach which appears to be the most suitable for documenting this relational knowledge (Rosaldo, 1989/1993:206-207) can be found within Marx's dialectical methodology, an orientation which I attempt to refine by drawing upon subsequent developments in phenomenology.

Dialectical Phenomenology¹

Marx's method holds that the subject of knowledge and object of knowledge are united in a dynamic relationship which is grounded in time and place. This unity does not imply that subject and object are indistinguishable from one another, but simply that objects of our knowledge are understandable only with reference to the nature of the purposeful relationship, or way of life, that we have with those objects (Bologh, 1979:4). Within this interpretive framework, attempts to understand other people requires not only an awareness of our relationship towards the observed but also an appreciation of their attitude towards us, an assessment which necessarily encompasses the potential

impact of our presence on their behaviour. Each component of this interactional relationship, or "double hermeneutic" (Giddens, 1976:152), must be considered in turn. Neither is this relationship constrained by time, the purposeful behaviour -- meaning-giving practices or cultures (Bocock, 1992:234) -- of both parties being informed by past occurrences, present circumstances and the anticipation of future eventualities.

Marx claims that: "[m]en make their own history, but they do not make it just as they please; they make it under circumstances directly encountered, given and transmitted from the past" (Marx, 1847/1963:15). Dialectical phenomenology must demonstrate an ability to capture this ongoing process in which social structure shapes human practice -- including knowledge production -- while being altered by human intervention. The progressive-regressive method introduced by Henri Lefebvre (1971) and adapted by Jean-Paul Sartre (1963/1968:51-52) represents a persuasive example of such an approach (Bibeau, 1988: 403). Sartre's version of this technique begins with an analysis of the contending social structures in play at a particular moment. This is followed by what he terms a regressive step in which the stages in the development of each structure are detailed and those aspects which continue to survive are identified. He then follows the path of the individual in the midst of these social constraints as successive decisions within the existing field of possibilities result in historical actions, cultural products and simultaneous self-constitution (Sartre, 1963/1968:146-147).

This method offers a means to explore "the social conditions of knowledge production" (Young, 1982:277). At a minimum, it situates various determining structures and episodes in chronological order and documents how the individual interacts with these influences. It suggests that an interpretation of this data will lead to insights into social factors which played a formative role in the person's self-creation and which continue to be revealed in present practice (Scriven, 1984:119). Nevertheless, it is not enough to situate the person within specific circumstances and then attempt to pinpoint which economic, political and ideological elements are over determined. While social determinations act as a pressure on individual practice, they do not actually cause beliefs and behaviour. A person's consciousness acts as the ultimate mediator between social conditions and purposeful action.²

Marx's initial conception is further enriched by the hermeneutics of Hans-Georg Gadamer which argues that mutual comprehension occurs when the distinct traditions embodied by each person overlap sufficiently to constitute a "fusion of horizons" (Ulin,

1984:99). Paul Ricœur subsequently injects the issue of power into this ostensibly benign interaction, highlighting the play of contending discourses that infuse all cultural encounters (Ulin, 1984:105-106). Intersubjectivity's contentious nature ensures that all understanding is less a matter of shared recognition and harmony than one of negotiated agreement and accommodation. People may share certain interests with other individuals due to coinciding realms of possibilities related to similar subject positions of gender, sexual orientation, class, age, etc. Yet the recognition of values and interests held in common are ultimately a product of interpretation on the part of each person, rather than due to the existence of an essential point of view that comprises each identity position (Marsh, 1988:203).

The methodology of this radical historicist perspective includes notions of indexicality and reflexivity which enable us to move beyond the limitations of most interpretive accounts and to critique the shortcomings of certain postmodernist proposals. Indexicality indicates that meaning is context dependent; a statement must be located in a particular moment in place and time for its meaning to be grasped (Watson, 1991:76). Similarly, reflexivity highlights the fact that our discourse is tied to its setting. It both describes this context and modifies it in turn. In this manner, facts are not uncovered in a pre-existing reality but are produced by our discourse and are constitutive of that reality, effectively making it what it is (Watson, 1991:79).

Here we are reminded of Foucault's assertion that conceptions of truth and representations of the subject are social practices constituted in precise contexts of space and time (Rabinow, 1986:240). Insofar as any ethnographic representation takes the interaction out of its context, it remains a reconstruction of "partial truths" (Clifford, 1986:10) -- "no matter how extended the quotations from informants, how intensive the dialogue between interlocutors, or how many voices the ethnography speaks for" (Fox, 1991:94). Consequently, this approach cannot claim to represent the participants in the sense of "speaking for", only to re-present (Spivak, 1988:275).

Reflexivity and Self-Reflexivity

Questions of reflexivity are complicated by the fact that human activity cannot be attributed entirely to rational thought, historically and culturally positioned though it may be. From Marx to Heidegger, Merleau-Ponty to Foucault, phenomenology includes in its ranks thinkers who recognize the embodied nature of human knowledge.

Maurice Merleau-Ponty, for example, depicts the lived body as the primary organizer of experience, an integrator of skills (Dreyfus and Rabinow, 1982:xxi) which is less susceptible to comprehensive understanding than Sartre's dialectical analysis would lead us to believe. A part of our lived experience surpasses the boundaries of conscious rationality, encompassing sensations more unconscious than conscious. Included in its repertoire are what Raymond Williams has called structures of feeling, an aesthetic concept which addresses how emerging values and meanings are felt and lived prior to being formally articulated. Here thoughts and feelings co-mingle within the continuity of practical consciousness (Williams, 1977:129-135).

Capturing this experiential realm in words is highly problematic. The interpretive exercise has been termed a "triple hermeneutic" (Richer, 1988:409), an intervention which begins with the "tacit stocks of knowledge which actors draw upon in the constitution of social activity" (Richer, 1988:409). This "practical consciousness" (Giddens, 1979:5) consists of more or less reflected material, the product of the interaction of lived experience, the current cultural context and the unique predispositions inherent in our individual biology. Martin Heidegger reminds us that the meaningful practices which comprise this figure and field of human activity elude total comprehension (Dreyfus and Rabinow, 1982:xxi; Marsh, 1988:27), one aspect of the dynamic configuration being informed simultaneously by the other. Here the concepts of dominant, residual and emergent used to account for the dissimilar character of historically distinct and variable cultural traditions, institutions and formations (Williams, 1977:121-123) are equally useful in depicting that interplay of dynamic cultural processes which constitutes the consciousness of each individual.

The second phase of interpretation is a collaborative project, practical consciousness being mediated by the observer. What results are reflections prompted by the researcher's line of inquiry, "knowledge which actors are able to express at the level of discourse" (Giddens, 1979:5). The third and final moment of the hermeneutic occurs when the observer attempts to write up this encounter, an authored account which one ethnographer has characterised as "an attempt to elicit what I experienced in light of what I now know" (Dumont, 1978:71). As is the case with each step in this interaction, the constituents of knowledge are transformed to some extent in this phase as well.

Additional obstacles stand in the way of the understanding of self and other. For instance, the construction of a self-narrative necessarily involves the designation of certain

incidents as having a decisive impact on one's interpretation of the world and upon subsequent behaviour. Yet the assigning of particular significance may change over time. Comprehension is always historically contextualized, influenced by current conditions and liable to be altered as these circumstances change. Our life story is "always unfolding and always being revised" (Fay, 1987:174), revealing the existence of an authentic or genuine narrative disclosing our fundamental identity to be an illusion. Neither are meaning giving practices wholly cohesive and uniform. Each of us makes decisions which conflict with our belief systems which are themselves neither completely consistent nor free of contradictions (Abu-Lughod, 1991; Jackson, 1996).

Our self-narratives may be disputed by historical events but it is important to recognize that historical narratives themselves are prey to differing interpretations (Spence, 1982). They do not exist as value-free objective accounts. Each is subject to and the product of interpretation, aspects and elements shifting in emphasis as additional information and our evolving personal traditions are brought to bear on what are ostensibly singular events and incidents (Rosaldo, 1989/1993:131). ³

Jacques Derrida states that "deconstruction is not exposure of error; it is a vigilance about the fact that we are always obliged to produce truth" (Spivak, 1990:46). This suggests that within the dominant practices of Western knowledge production, we seem to be compelled to arrive at a single, irrefutable explanation for the actions of ourselves and others. In actuality, there may be multiple reasons lying behind human behaviour (Pratt, 1978:67; Freire, 1992/1994:16). Although we may be able to identify what appears to be the most significant of the determining factors, we cannot presume to have exhausted all the possibilities.

Our problems are compounded when we turn our gaze on another person. Paul Ricoeur, Paul Rabinow and Clifford Geertz (1988) have commented on "the comprehension of the self by the detour of the other" (Rabinow, 1977:5), yet the corollary is equally relevant. Our perceptions of the other are mediated by our own conception of selfhood (Fay, 1987:173). An aspect of our personal tradition, our sense of self serves as a basis for the comprehension of other people, despite the inevitable limitations and opacities which this entails (Ulin, 1984:99; Cohen, 1992:224). Conversely, how we understand ourselves is partly a function of how we understand others. Conceptions of self are strengthened in some aspects and modified in others in the course of apprehending another person. In this

sense, no clear distinction can be made between the interpretation of the self and that of another person as both representations are dialectically intertwined (Fay, 1987:172-173).

The necessity for the inclusion of a personal inventory has only recently come to be acknowledged within anthropology, the influence of positivism having cast an imposing shadow on the conventions of ethnographic authority (Okely, 1992). Certainly, this self-scrutiny must be selective. It is not the case that "anthropology should be 'about the anthropologist's self': rather, it must be *informed* by it" (Cohen, 1992:230, original emphasis).⁴ Disclosure of significant life experiences is intended to instruct the reader on the depth and breadth of the ethnographer's sensibilities concerning the area of study. As a positioned subject, the ethnographer is able to comprehend certain human predicaments better than others. This is due in no small part to the fact that "life experiences both enable and inhibit particular kinds of insight" (Rosaldo, 1989/1993:19).

My own unique perceptual lens were forged in large part in the late 1960's and early 1970's, during the heyday of anti-Vietnam demonstrations, civil rights marches and student protests. I had been sympathetic to these causes but my involvement in their activities had been sporadic and largely peripheral. Try as I might, I couldn't find a way to connect my personal experience with the sweeping phrases and ringing generalities even while I found no reason to doubt their basic message. Instead, my energies had been devoted to trying to locate an inclusive perspective from the offerings of psychology, sociology, anthropology and literature that I encountered in the university classroom.

I completed my undergraduate course work stymied. Where novels and poetry permitted a glimpse into the sensibilities of individuals, their musings scarcely seemed the stuff from which to fashion a personal code of ethics or a political plan of action. The apparent strengths of the social sciences proved to be their shortcomings as well. Rigorous, systematic and dispassionate to a fault, their concepts and procedures wrung the juices out of the processes they sought to capture. My own latent sense of alienation drew me to the plight of troubled teenagers. I was aware that psychiatrists enjoyed a greater degree of professional freedom than psychologists, despite the fact that I considered medical training to be more of a hindrance than an asset to the understanding of mental disturbances. I enrolled in medical school.

Within three months, my growing misgivings could be ignored no longer. The minutiae of biological medicine failed to hold my interest. I lacked the time to continue my

growing interest in progressive politics. I began to question whether I was entering this profession for power or for knowledge. If it was the latter, then it was knowledge which I was evidently poorly motivated to acquire and retain. The deliberate campaign by the faculty to transfer the aura of authority onto each of its new recruits crystallized my feelings of unease, offering a convenient outlet for my sense of frustration. A belated youthful rebellion had found an identifiable target. It was no less consuming nor righteous for its delayed occurrence. Yet my spurning of membership in the medical fraternity would not be without a struggle. I found myself clear in my head that I must leave medical school but in turmoil in my stomach about the consequences of such a move. The resulting conflict ended in a standoff. I simply was incapable of walking into the dean's office to announce my withdrawal from the program and I was utterly confused by my inability to take that step.

After weeks of indecision and growing anxiety, I was faced with another crisis. Flooded out of my rented basement room, I was forced to return to my family home while I looked for other accommodations. Settled once more into the familiar surroundings of my childhood bedroom, I tossed and turned through sleepless nights, my mind whirling constantly, trying to make sense of my reluctance to act on what had become a foregone conclusion. While it was clear to me that I must quit medical school, I had begun to feel to do so would mark me as a failure. My anguish continued until the early hours of the third night when I pierced the membrane of the past and was once more fully immersed in its reality. I found myself as a nine year old standing in the family kitchen waiting with a tightening knot in my stomach as my parents looked over my report card. I knew that there would be the customary praise about the good marks in certain courses, but I stood anticipating the "...but why didn't you do better in [math], or [science]?" The engulfing wrinkle in time evaporated just as abruptly as it had materialized. I was deposited back in the present but my state of being had been transformed. It was as though an emotional abscess had been lanced and drained, leaving me calm, revitalised and totally resolved to carry through on my decision.

I had no doubt that this revealed truth was just that. I was convinced that I had re-experienced an actual childhood event, understanding its implications clearly for the first time. My obsession with academic success had been instilled in me during childhood. In a family in which affection was rarely demonstrated in a direct, unequivocal manner, I had learned that doing well in school offered a fleeting moment of nurturance. But it was to be brief and always carried with it the qualification that what I had achieved was not quite

adequate, that I was not quite good enough. As my mother would later explain, "we thought that if we told you that you were doing well, you would quit trying". My own interpretation of this memory was that the class expectations of my parents had caused them to push me to succeed, that I had interiorised a class biased perspective of what was expected of me. I concluded that by becoming a doctor, I would fulfill their unspoken aspirations for me. By turning my back on this career path, I would become a failure in their eyes. I decided that although I had left home many years before, the family remained instilled in me. This interpretation enabled me to move beyond my dilemma. It was to be some years later before it dawned on me that it also provided me with a means to shift responsibility for my indecision onto my parents.

The possibility that my epiphany might have been an hallucination induced by sleep deprivation never entered my mind; neither did the fact that my growing attraction to progressive politics and my subsequent crisis may have informed both the content of my experience and my conclusions. To my way of thinking, I had shattered the class constraints of my upbringing and was now bound and determined to make certain that I would never be duped in this manner again. Armed with my heightened awareness of the roots of my own oppression, I found common cause with others involved in new left politics. Simultaneous with this new found activism, I entered a graduate program in sociology, embarking upon an exploration of how class biases are transmitted during childhood.

I began my studies with R.D. Laing's *Divided Self* (Laing, 1959/1965) which provided me with the words to describe the sensations I had encountered during my period of conflict. His analysis of ontological insecurity made intuitive sense to me and I soon devoured *Self and Others* (Laing, 1961/1971) and *Sanity, Madness and the Family* (Laing and Esterson, 1964/1971). While I found Laing's accounts compelling, I was particularly drawn to the quotes and footnotes credited to Jean-Paul Sartre. They grounded Laing's analyses by attending to the social circumstances, situating personal lived experience within a broader political outlook. His perspective so mirrored my own that it never occurred to me that the version of reality contained in the pages of *Search for a Method* (Sartre, 1963/1968) was anything other than reality itself. For a time, I superimposed a class analysis on every social situation that I encountered. I had moved from one absolute construction of reality to another, reducing the world's complexities to a single dimension in the process.

Over time, I added other variables to this conceptual grid. My turn to conventional anthropology was initially informed by the desire to better understand the contours of class,

race, ethnicity, gender, sexual orientation and age, features of a "multiplex identity" (Rosaldo, 1989/1993:166) which I understood to be ways of life or cultures. Yet I brought something with me as well. Much as Sartre sought to rehabilitate orthodox Marxism by revitalising its appreciation of the meaning producing practices of the individual, my agenda was to make a place for this version of cultural Marxism within contemporary anthropology. My initial forays were skewed by the fact that I shared Sartre's conviction that his methodology was capable of disclosing objective facts. Only through the influence of poststructuralist theory with its critique of the latent positivism informing much of modernist thought was I able to dispel this illusion. On the other hand, the implications of the grounded nature of knowledge provided me with a hedge against the seductions of the poststructuralist or postmodernist turn in social theory. A critical interpretive position neither presumes a neutral vantage point nor opts for radical relativism. It pursues a middle course, acknowledging that "relativizing is a liberatory [sic] technique that must always arise from a contingent, but nevertheless real, Archimedean standpoint" (di Leonardo, 1996:29). It is from this basis that the critical interpretive perspective endeavours to convince people to "adopt a particular narrative account of their lives" (Fay, 1987:71).

Discourse Analysis

These formative influences have shaped the methodological premises that guide my cultural critique of the Facilitating Program's production of knowledge. What Howard Waitzkin (1991) contributes is an additional means to illuminate the discussions and documents which are integral components of the Program. Waitzkin's use of discourse analysis is limited to the examination of the use of language which he considers to be a determinant of human behaviour but not ultimately constitutive of people. Waitzkin combines this conception of language with lessons from deconstruction which argue that a critical reading of a text will reveal contextual concerns or contradictions which have been marginalized or excluded. Inconsistencies, omissions, breaks in logic become the basis for a critique of the text in light of its social context.

Waitzkin indicates that ideology and social control may reveal themselves through absences, the "not-said" (Eagleton, 1978: 89). Specifically, he notes that there may be a lack of critical attention to underlying social contradictions, a skirting of structural problems or a failure to raise alternatives which would require changing prevailing social conditions.

In particular, Waitzkin identifies categories of class, gender, age and race to comprise common systemic patterns of dominance and subordination. Here we can expect oppositional positions to erode the margins of the dominant ideology, exposing structural contradictions underlying the common sense immediacy of surface appearances (Waitzkin, 1991:32-39).

Waitzkin's version of discourse analysis appears to be a novel contribution from post-structuralism and deconstructionism. Yet it is effectively a methodological application of Marx's conception of ideology as communication which conceals contradictions. Certainly, Gramsci's notion of hegemony anticipates much that is presented here. So too does Raymond Williams' discussion of selective traditions (Williams, 1977:115) and Fredric Jameson's concept of political unconscious (Jameson, 1981; Connerton, 1989:1). Each addresses the process by which the dominant patterns of communication shape everyday interactions in such a way that a limited range of options is apparent (Waitzkin, 1991:40). Each of these theorists indicates how the dominant discourse can be relied upon to suppress alternatives which promote the fundamental restructuring of social relations.

Deconstructing Biomedicine

Both the progressive-regressive method and discourse analysis constitute promising methodologies for the identification of the social conditions of knowledge production. Yet my overall task is further complicated by the fact that a primary object of this inquiry is a program and staff situated within – yet in stated opposition to – the field of biomedicine, a domain of discourse and practice that stands in a mutually constitutive relationship to conventional knowledge. What is required is an approach which will enable me to disclose the "aura of factuality" (Rhodes, 1990:160-161) surrounding this body of knowledge. In short, I need the means to make biomedical discourse and practice distinctive. This task consists of separating biomedicine from commonplace assumptions with which it is intimately associated while drawing attention to the culturally constructed nature of both knowledge systems.

Towards this strategic end, Loma Amarasingham Rhodes (1990:161) proposes three interrelated tactics. The first addresses biomedicine as a function of its historical context, an expression of a specific time and place rather than a timeless, value free "natural" science. The second unpacks biomedical categories revealing the social meaning which

cements them together. The third procedure involves exploring the everyday practice of biomedical clinicians. What is at stake is the dispelling of the illusion of self-evident facts from what is, in actuality, culturally constructed evidence which provides practitioners with much of their claims to authority. While biomedicine comprises the dominant framework, the Facilitating Program purports to represent an emergent tendency, at once drawing credibility from its association with biomedicine while asserting its own claims to autonomy and legitimacy. Methods of demystification similar to those applied to biomedicine will be brought to bear on these practices as well.

The examination of historical context, medical discourse and professional practice offers three avenues for the documentation of biomedicine as a cultural construction. These methodologies suggest a means to dismantle biomedical concepts which purport to reflect the "natural" world, thereby offering a mechanism to disclose "the social facticity of facts" (Taussig, 1980:5). They offer avenues for tracing the interaction and intermingling of knowledge/power between biomedicine – specifically, psychiatry – with its focus on mental illness and nonbiomedical social sciences – notably, social work and psychology – with their preoccupation with mental health (Dickinson and Andre, 1988:305).

Their use has the potential for unearthing the seemingly contradictory processes of social control, support and empowerment that appear to co-exist within the apparatuses of the capitalist state. They enable me to probe the interpersonal dynamics implicated in what has been termed therapeutic efficacy, the ability of therapy to achieve its intended outcome (Kleinman and Csordas, 1990:18). Here therapeutic intervention is considered to be less a discrete event than a mechanism which is embedded in a larger societal process of values and beliefs. As such, its culturally prescribed goal may be either one of adaptation to the status quo or societal critique, promoting personal transformation and social reform (Kleinman and Csordas, 1990:25).

Nevertheless, the limitations of my approach must not be minimized. My account may avoid *some* of the fictions inherent in ethnographies inclined towards positivism, but it remains an instance of informed speculation all the same (Fox, 1991:95; Lock and Schepers-Hughes, 1990:49). What we are left with is the possibility of presenting probable explanations, the impossibility of achieving total comprehension and the potential to transform conventional understanding in the course of constructing accounts that can only re-present, never represent. We may move further along the path to clarifying the material

conditions which give rise to these significations but definitive empirical validity will always elude our grasp.

Methodological Principles in Practice

The initial phase of my fieldwork consisted of a year of regular attendance at the weekly clinical meeting of the Facilitating Program. This session gathers together representatives from each of the major departments – management, psychiatry, social work, psychology, education, residential child care and community support – in order to address issues related to their daily operations as well as the long term prospects for program development. This interval was followed by an additional year spent on site, investigating the perspectives and procedures of the various components, monitoring the care plan process and situating the Program within its historical context.

During this period, I participated in 3 regional conferences at which representatives of the Facilitating Program outlined the nature of their perspective to social service workers, teachers and mental health professionals. The first consisted of a three day meeting of social service and health professionals on the theme of "Bridging the Gaps in Mental Health Service." The second involved a one day conference of school and community professionals entitled "Partnerships for At Risk Youth in Transition" which centred on the coordination of services for supposed conduct disordered youths. The third was an afternoon presentation and discussion involving staff at a suburban hospital.

I was in attendance at one provincial gathering of child psychiatrists where Program representatives presented a paper related to the conference theme of conduct disorder as well as at one national convention of child psychiatry where staff members convened a workshop on the results of their work. I also took part in an international conference on attachment theory in Toronto which was the first major gathering of its kind, attracting a number of prominent figures in the fields of psychology, psychiatry and psychoanalysis from England, Italy, the United States and Canada.

A portion of the fieldwork data consists of documents pertaining to the background of the treatment centre and the Facilitating Program. This includes various reports related to the formation of the Program, graduate theses prepared by employees of the centre, annual reports and meeting minutes. This material is supplemented by transcripts of taped interviews with 18 staff members recounting their involvement with the centre and with the

Program itself. Initial interviews varied from one to three hours in length. Additional interviews ranging from one to eight hours in duration were conducted with each of these individuals to document influences which they consider to be formative of both their personal and professional outlooks.

In addition, I consulted the files of some 300 individuals who have participated in the care plan process since its inception. Permission was granted by the co-director to peruse the files for general themes or trends but to refrain from using any specific details as permission for the release of this information had not been obtained from the individuals involved. The files typically consisted of the social history, reports from psychology, education and child care and the care plan itself, a total of approximately 50 pages single spaced. I focused on those case reports included in the random sample which provided the data for the academic journal article produced by the Program ⁵ and supplemented this material with a number of other files selected at random. By documenting 80 individual accounts, I was able to fashion a profile of the general characteristics of this population.

Finally, I observed the passage of 6 individuals through the care plan process, having been granted full access to all information related to each of these teenagers. The related documents ranged from referral forms and reports from assorted professionals in the teenager's home community to the daily child care charts and the diagnostic tests used by the various departments in preparing the reports presented in the care plan meetings. Observation permission also included the opportunity to take notes during the compiling of the social history, a five to eight hour session conducted in the teenager's home. In addition, I was able to follow the teenagers during their daily activities and to witness the conducting of interviews and the administering of selected tests where my presence was not considered to be disruptive.⁶ On those occasions when I was unable to take part, test papers and interview tapes were made available to me for consultation. From these 6 candidates, Chris Sargent was chosen to form the basis of a detailed presentation.

The Case Study Approach and Representativeness

A case study consists of an in-depth examination of an event or a number of related events in order to demonstrate a general theoretical premise or principle. The case study may take the form of a life history of one individual or it may focus on a series of events involving a number of people. The selection of a specific individual or

a particular sequence of events relates to the chosen material's ability to illustrate certain theoretical premises or principles rather than to its typicality or representativeness (Mitchell, 1983:191-192; 203).

Representing one person's passage through the care plan process offers more than an opportunity to attach individual features to what otherwise would be the faceless diagnosis of conduct disorder. A case study offers the means to examine the practice carried out by the program staff in compiling facts about a specific person. By focusing on an individual care plan, it becomes possible to engage in a processual analysis (Mitchell, 1983:194; Rosaldo, 1989/1993:92-93) of the making of the Facilitating Program's basic product, its reason for being.

The Facilitating Program plays a significant role in the processes related to the construction and critique of the diagnosis of conduct disorder. Of equal importance is the part it plays as a system of expectations and social constraints to be interpreted and navigated by the youth, a social complex that may contribute to behaviour considered to be problematic by the dominant order (Wadel, 1973/1989:127). A case study approach allows for the exploration of these relationships, not the least of which involve the explicit or implicit identification of causal correlations (Wadel, 1973/1989:xi-xii) to account for the disturbing behaviour of the youth.

The decision to focus on one teenager as a case study and the related selection of two staff members for biographical profiles raise the issue of ethnographic representativeness, a discussion which needs to be situated within the context of contemporary conventions in the social sciences. Social science discourse typically is credited with achieving standards of expertise and objectivity superior to those of conventional knowledge (McLennan, 1992:330). Representation of a detached, impartial inquiry is consistent with the location of its practitioners within the professional and administrative apparatuses of dominant social structures and with their accompanying status as experts whose considered judgments act as social regulators of public opinion. Legitimation as experts is aided by the professionals' use of a discourse of authoritative rhetoric which stands in contrast to the ordinary language of daily life. This serves to maintain a distance between the researcher and the people being described, a relationship of difference which inscribes a power hierarchy favouring the professional (Abu-Lughod, 1991:150-151). Authoritative generalizations establish an aura of coherence and

homogeneity which belies the inconsistencies and contradictions which exist within and between people of any given community.

Traditionally, an ethnographer would offer detailed evidence of the characteristic features of the culture in question. Authority claims would base themselves on the assumption that elements held in common link the reality of all the members of a cultural category, each category being comprised of people who, despite other (secondary) differences, share particular fixed and essential characteristics.⁷ In a similar manner, socially constructed categories -- e.g. juvenile delinquents, conduct disordered teenagers, abused youths, youths at risk -- prune off differences and discrepancies in the course of identifying definitive criteria which enable the designation of specific individuals as members of this grouping.

Once a supposedly homogeneous cultural field has been staked out, it becomes a fairly straight forward matter to select an individual case study to stand as the representative unit of analysis. Quantitative analysis finds favour with this approach as it typically uses statistical technologies "to liberate cases from contexts and to decompose distinctly messy lives into uniform and universal constituent elements" (Young, 1995:102-103). One of the dangers of this approach is that it tends to presume that it is possible to identify fundamental commonalities independent of the social constructions imposed by the viewer. In addition, the functional circularity informing the shift in focus from the whole to the part permits the researcher the illusion of unearthing corroborating evidence. In truth, she is doing little more than confirming the presence of factors that she deposited there in the first place (Willis, 1976; McDonald, 1987).

By contrast, the critical interpretive view recognizes the productive nature of knowledge while promoting the investigation of particular individuals not as representatives of a uniform cultural whole but as distinct agents, simultaneously innovative producers and social products (Rosaldo, 1989/1993; Coombe, 1991; Fay, 1987). By focusing on the particular ways that people negotiate existing circumstances, it becomes possible to document the individual's meaning-producing practices which constitute this revised notion of culture (Abu-Lughod, 1991:150-153; Fox, 1991). This counter proposal calls into question the notion of representativeness which plays a central role in social science research. In so doing, it challenges both the methodological conventions that guide the work of the Facilitating Program as well as traditional procedures of ethnography.

Nevertheless, these critical comments are made with the luxury of hindsight. Much of my time on the treatment complex grounds was spent in pursuit of evidence confirming my own belief in the importance of gender, sexual orientation, class, ethnicity, race and age considerations in the manufacture of conduct disorder. I was convinced that a rigorous analysis of the contents of the Program's filing cabinets would disclose evidence of these subcultures. It then would be a simple matter to select a handful of candidates as they passed through the care plan process in order to give these abstract social categories human faces. It would be a short step from there to trace the causal links between oppressive social distinctions and expressions of distress as they unfolded in the lives of individual youths.

What I had not anticipated was that the files would not render a clear profile of each individual on the basis of these subcultures. Face sheets frequently were blank next to the category of ethnicity. Occupation of care giver often was not specified nor was the sexual orientation of the youth. If I looked closely, I could detect traces of these issues on and between the lines. But I soon recognized that the files were not going to relinquish the evidence that I was looking for. It slowly became evident that these issues were marginalized or suppressed in the files themselves and in the care plan reports which were informed by this material. I was being confronted with systematic absences (Waitzkin, 1991: 38).

At the same time, I was becoming aware of the shortcomings of my own theoretical presumptions. The interrelationships of categories of gender, ethnicity, class, etc. complicate their identification as there are no fundamental characteristics inherent in all members of a category. Instead, representations of gender, for example, are mediated by a variety of cultural considerations including those of ethnicity, age, health, geographical location, historical experience to name but a few. These are active processes involving people defined in terms of their ongoing relationships, their significant social ensembles. The meaning derived from their associated realms of possibilities must be viewed in both their social and, ultimately, personal context. The presence of these intersecting factors eliminates the possibility of identifying homogeneous categories on which to base law-like correlations and from which to draw definitive representative examples. The facts that comprise an individual's identity are no different from other social facts which form the basis for claims to objectivity. All are products of specific historical and cultural processes, constructions fashioned in fields of power (Polier and Roseberry, 1989:250). Neither do so-

called acting out behaviours reveal their precise origins in form or content. As idioms of distress (Kleinman, 1980; Kenny, 1986:9), they are culturally learned vehicles for communication whose content may make reference to a specific past precedent but whose appearance may be precipitated by quite unrelated contemporary contradictions.

This shift in understanding enabled me to clarify the nature of my cultural critique of the Facilitating Program as a producer of knowledge. I followed the Program's conventions in determining what constitutes a case and itemized what the staff considered to be typical characteristics of conduct disordered youths. I subsequently consulted with the staff members to corroborate that the case study I had selected would be viewed by them to be representative of the teenagers referred to the Program. The individual chosen for my presentation met their criteria. As such, he is representative of a category constructed by a specific discourse, rather than typical of a free standing, objective category. I then analysed the information produced about Chris in order to demonstrate the nature and consequence of the Facilitating Program's approach. ⁸

CHAPTER FOUR -- HISTORICAL CONTEXT

When I got here, Forensic had taken over and I discovered that they had a totally absurd notion of how to run a closed adolescent treatment centre. I tried to tell them that. I was working for mental health centres which was the right thing for me to have done because I got a view of the community. I was involved in the wider interests of mental health, literally, and I could see what was going on out there and I could see what people's issues were. I could see why people were mad at us at the treatment centre much more clearly and from a different perspective. They had quickly got into real trouble here. There was a number of reasons for it but, basically, what had happened was they were much more into a coercive approach with these kids. They upped the ante. The kids upped the ante. They upped the ante. It was, strictly speaking, a war zone here.

The very first care plan I wrote was for a kid who had managed to get herself into such a jackpot that she'd been reduced to being locked in her room 23 hours a day -- 24 hours a day some days -- with no clothes. They were scared to let her out to go to the bathroom, so they put a plastic bag in under the door so that she could pee in it. They served her food without utensils because they were afraid she would cut herself with them or swallow them. The clinical director was kind of threatening to lock these kids up forever and not let them out. He'd made it impossible for this kid to do anything and that made it impossible to run the place. So they were in a mess.

What the clinical director did was push the system to the edge of absurdity. I'm flexible enough in my thinking that I could see how absurd it was to do that. I would maintain the place in such a way that it would have been humane. I'd have found a way of doing that. Consequently, I'd still be stuck with doing that. But it moved me being out in the community. It really moved me from the psychological position of coercion to the psychological position of taking the final step. Always before I had advocated for respect for kids but I hadn't taken that last step to say "you can't be violent to kids, no matter what the circumstances are". This was because I had no answer for the question of what do you do when the kid does "X". There's always that assumption that you have to do something to the kid because the kid has done "X". I'd never taken my thinking past that point.

I basically started thinking at that point and that thinking led to the Facilitating Program. Attachment thinking had always been my theme so it led me to explore this and to explore that. Because I was successful with the first care plan, somehow or other that made me credible so I ended up doing more. The more we did, the more the program moved forward. We sort of caught a wave. The community wanted us to do it and there were all sorts of political battles going on at the same time, moving juvenile services to the court in here and closing down one unit, moving another.

Once you got it that having kids here is not healthy then the task becomes how do you look after kids in the community. I'd accepted the kind of political reality that there are some kids that are so toxic to their ecology or some ecologies that are so toxic to the kids that you have to have somewhere for kids to go and that this was as good a place as any. But once you give up the belief that this is as good a place as any and you begin to think that you can actually do better, then you start trying to do better. The Facilitating Program does do better.

I guess having the paper accepted in the psychiatric journal is my contribution to this field. It doesn't look like much of one. It's 30 years work if you look at the themes but in reality it represents quite a shift. I still haven't solved the problem of how a society exists without violence. Once you start eschewing using dichotomous thinking – "hey, I'm not going to think of this in terms of right or wrong, or good or bad. I'm going to think about how the heck can I look after the situation the way it is" – once you start doing that your paradigm shifts quite a bit. You can clearly see that the individual and society's response to the individual is one of mutuality. The violence exerted on the people who are marginalized by the structures in our society is just as great if not greater than the violence they exert to try and defend themselves against us.¹

Keith Johnson's reflections on the origins of the Facilitating Program underscore a number of themes I encountered while carrying out my fieldwork and library research. Keith begins with an observation on the convergence of forensic psychiatry with mental health treatment centres for adolescents. The former typically takes as its mandate the rehabilitation of the criminally insane while the latter directs most of its energies to the welfare of individuals who, as it turns out, are neither criminals nor insane. What is shared between these jurisdictions is a common concern with definitions of normalcy of thinking and conduct, the identification of that portion of the population which does not meet currently acceptable standards of thought and action, and the socially sanctioned authority to secure their compliance with the norm.

Ruminations on coercion versus respectful care fuel the belief that issues of social control and mental health care are separate questions, correctly addressed under the auspices of the Ministries responsible for Criminal Justice and Health, respectively. A closer reading reveals a more complicated connection between control, be it coercive or persuasive, and care. Certain circumstances would suggest that control and care can best be described as two poles of a continuum, their specific form and content interconnected through a mutually constitutive process. Unfortunately, the use of this conceptual scheme tends to privilege one dimension while neglecting the other. A more promising approach is

to regard them as primary and secondary contradictions within a single process. The relative significance of each is contingent upon the prevailing social conditions. A myriad of economic, political and ideological forces combine to propel one representation to the fore while the contending view is relegated to either a residual or an emergent status.

On one level, this attitude coincides with the psychiatrist's call to move beyond dichotomous thought. Rather than use opposing concepts such as good and bad, right and wrong, control and care, this perspective encourages a processual reading. It affirms the dynamic relations of mutuality that exist between people, grounds meaning within a specific context and acknowledges that dominant readings are partial and conceal alternate ways of seeing. Where my outlook parts company with the psychiatrist's perspective is in its focus on the social and historical conditions which lead us to perceive "the situation the way it is". My conceptual model situates the discussion within a *cultural critique* requiring a reflexive evaluation of the attitudes of individuals and the roles of institutions, formations or processes within an historical context (Kovel, 1988). The cultural critique which follows turns initially to the situation immediately prior to the launching of the Facilitating Program before moving to a broader historical survey. My intention is to locate the Program's founding within social conditions which, I argue, influenced the occasion of its inception and continue to affect its discourse and practice. In particular, I draw attention to issues and incidents which demonstrate the exercising of care simultaneous with that of social control beneficial to the interests of the dominant order.

The Facilitating Program: Pre-history ²

Prior to the opening of the Facilitating Program, the provincial treatment complex for adolescents diagnosed with psychiatric disorders consisted of a facility accommodating sixty-six youths between the ages of twelve and seventeen years of age with the majority of the residents being fifteen years old or younger. The complex included three open cottages housing fourteen youths each and three locked units with eight residents each. One cottage was assigned to adolescents with psychotic disorders with the two other cottages and two of the locked units designated for youths with perceived serious behavioural problems who meet the definition of conduct disorder outlined in the D.S.M. (Diagnostic and Statistical Manual). The remaining locked unit served an assessment

function. A school exclusively serving the needs of the facility shared the grounds with an indoor swimming pool, gymnasium and administrative offices.

The mandate of the treatment centre was outlined in materials intended for the orientation of new staff:

[t]he [treatment complex] is administered by the Forensic Psychiatric Services Commission on behalf of the Ministry of Health. The [complex] is a designated provincial mental health facility mandated to provide treatment for all adolescents in [the province] who are psychiatrically ill (diagnosed as having a major psychiatric disorder, affective disorder, or incapacitating neurotic disorder), and for adolescents who have a serious behaviour disorder. Adolescents are defined as those who have attained their twelfth birthday, but not their seventeenth birthday.... Adolescents who reach their seventeenth birthday subsequent to admission may be detained until a period of treatment is completed or, when appropriate, may be committed to the adult mental health facility....In accordance with the Mental Health Act, the parent/legal guardian must consent to treatment up to the adolescents' sixteenth birthday. Upon reaching the age of sixteen the adolescent must provide his/her own consent Every effort must be made to also obtain the signed consent of the parent/legal guardian when an adolescent is admitted...as a voluntary patient. The exception to the above would apply in instances where the adolescent is certified as an involuntary patient. An adolescent will not be detained in a residential treatment subsequent to his/her nineteenth birthday. In accordance with the Young Offenders Act, the Director may consent to an admission on the basis of the Treatment Order. Admission at the pleasure of the Lieutenant Governor In Council of young persons found not guilty by reason of insanity or unfit to stand trial [may also occur].

Referrals to the treatment complex of designated conduct disordered youths typically originated from external government agencies, such as the Social Services or Health Ministries. Candidates for admission were prioritized by two standing committees, the final decision being made by representatives of the provincial Ministries of Social Services, Community Mental Health, Education, the Attorney General and the complex's social work supervisor and director of community services. The expectation was that successful referrals would include only those individuals for whom the referring community had exhausted all other resources for continued assistance, although this stipulation finds no mention in the orientation document.

The net result of this expectation was twofold. First, it prompted local agencies to place individuals in inappropriate facilities in order to demonstrate that all community possibilities had proven to be inadequate to the youths' needs. Second, this tour of duty through deficient placements resulted in the entrenching of existing behaviours and the

probable worsening of the presenting problems. This gate keeping provision also contributed to the fact that the majority of referred youths during this period typically did not reside with biological parents, commonly having experienced numerous residential placements. Another shared feature were statements alleging neglect and/or physical, emotional or sexual abuse which routinely appeared on the admission files of the youths (Campbell, 1990).

From the point of view of the treatment complex, the reason for referral was for the individual to receive treatment. From the referring community's perspective, the purpose for applying for admission to the treatment complex was to obtain treatment for the youngster and to control the youth's behaviour as the community considered that it no longer had the wherewithal to fulfill this mandate (Campbell, 1990). These functions have been ongoing features of the treatment complex from its inception.

The treatment complex opened its doors in 1969 in response to the perceived shortcomings of the foster care program implemented after World War II. Devised to correct institutionalized care's tendency to serve a custodial rather than a therapeutic function, the foster parent model was unable to meet the needs of children afflicted with more severe physical and emotional disabilities (Campbell, 1990). Residential care addressed these deficiencies with a "therapeutic community" (Campbell, 1990; Jones, 1952; Mate, 1972; Mainprize, 1988) approach to care.

Largely comprised of child care counsellors, the staff was under the overall authority of a psychiatrist who was available two days a week. The team approach meant that patient and professional alike had equal input into group discussions, no one person or group being held accountable for what became -- in theory, at least -- a community decision. This anti-authoritarian framework reflected an egalitarianism characteristic of that generation of youth workers which was diametrically opposed to the conservative government of the day (Campbell, 1990). This model was challenged with the appointment of the first full time psychiatrist in 1974 and the formalisation of treatment planning and daily charting.

Ongoing power conflicts between the child care workers and the growing staff of psychiatrists led to a report filed by the Chief Medical Officer of the Health Ministry. It concluded that the therapeutic community should be replaced by a clinical approach based on the medical model. Citing the close connection between adolescent psychiatry and forensic psychiatry, the province's commission of forensic psychiatry assumed overall

responsibility for the complex in 1981. Despite formal transfer of power to a medically based model, a covert power struggle persisted into the 1990's with members of each professional group -- psychiatrists, child care counsellors, social workers, and psychiatric nurses -- seeking to stake out their territory (Campbell, 1990).

Treatment perspectives have varied over the years, ranging from behavioural modification, positive peer culture to psycho educational models. These approaches have undergone frequent modification with no one model achieving a position of dominance. What is especially noteworthy is the consistent failure of the complex to adopt a systemic or ecological outlook (Campbell, 1990). With the exception of occasional visits, outings or family counselling sessions, care givers are not active participants in the daily functioning of the various unit programs. One reason given for this oversight was the absence of ongoing family connections due to the youth's multiple placements prior to their admission to the complex (Campbell, 1990).

The decision to launch the Facilitating Program as a pilot project represented a move away from this traditional focus on individual treatment which excluded the involvement of care givers, family members and other concerned members of the community. What began with a single unit accommodating twelve youths has since expanded to two units offering assessments, care plans and hiatus provisions for a total of twenty four adolescents. Each facility provides eight beds for the care plan process with four beds set aside for temporary hiatus. One unit accommodates youths fourteen to seventeen years of age. The other houses those eleven to thirteen years old with the ability to extend these services to ten year olds under exceptional circumstances. The community support service is a feature of both units. Its mandate is to deliver follow-up, consultation and training to care givers and community agencies.

While the emphasis on community care represents an innovation in terms of the outlook of the treatment complex, this perspective and the multi-disciplinary approach adopted by the Facilitating Program are not new ideas. They trace their origins to developments occurring earlier in this century, notably, with the professionalization of mental health workers (Ingleby, 1985).

Childhood, Deviance, Mental Health, and the State

Contemporary state employed mental health experts owe their existence to the efforts of philanthropic crusaders who desired to improve the plight not just of delinquent children but of all those whose well being was threatened by the consequences of rapid industrialization. This group of "child-savers" (Platt, 1969) was comprised primarily of women, many of whom were feminists. Their charitable venture was an extension of their traditional role as caregivers and constituted one of the few acceptable public activities then available to women (Platt, 1969; Conrad and Schneider, 1980). The term "social work" was unheard of before 1900, yet by 1910 schools devoted to the training of these service minded individuals were well established in a number of countries. Two years later, a state agency devoted to the issues of children was founded in the United States (Hacking, 1985).

Increased public concern for the welfare of children was translated into extended state control over matters previously ignored or dealt with informally. Canada was no exception to this trend with legislators and reformers drawing on the American example in drafting a new *Juvenile Delinquents Act* in 1908 (Matters, 1986). This piece of legislation was enacted in response to the dominant view that young offenders were not to be regarded as criminals but, rather, as "child[ren] of nature...[who needed to] be directed home to the ideal once again" (Canada, 1908:976). By the provisions of this act, juveniles relinquished such legal protections as rules of evidence and legal defence in exchange for counselling (Matters, 1986). The Act's preamble made it clear that this would enable the young offender to be "subjected to such wise care, treatment and control as will tend to check their evil tendencies and to strengthen their better instincts...." (Canada, 1908:975). From these early reformist activities, a type of child welfare ideology developed which tended to excuse children from accepting responsibility for their behaviour.³

Juvenile court institutionalised this evolving discourse, effectively obscuring the distinction between issues of criminality and health (Parsons, 1951). The latter challenges social stability due to its impact on role performance; the former, due to its flaunting of social norms. However, the two forms of deviance part company when attributions of cause are considered. Crime is judged to be willfully motivated while illness is deemed to be unwillful. The objective of criminal treatment is to alter the individual's motivation to conform. It involves the agency of fully human beings. The treatment of illness, on the other hand,

necessitates the altering of conditions which lie beyond the realm of human agency (Conrad, 1980; Conrad and Schneider, 1980). With this emphasis on external forces, child welfare ideology neglected children's capacity for agency in favour of psychological, social or biological explanations (Conrad and Schneider, 1980).

While the juvenile court did not employ medical rhetoric, it did adopt elements of the medical model such as the principles of early diagnosis and preventive treatment (Conrad and Schneider, 1980). The court's jurisdiction could be brought into play on the basis of a criminal offense, parental or guardian neglect or a status offense such as truancy, drinking, or being "in danger of immorality" (Platt, 1969:139). Status offenses were age-related and appeared to have a class basis as "they were primarily attributable to children of lower-class migrant and immigrant families" (Platt, 1969:139).⁴ In the eyes of the juvenile court, the child was considered to be incapacitated rather than guilty or innocent (Kittrie, 1971). The court's objective was to operate in the best interests of the child and society by offering protection and by seeking to understand the basis for the disturbing behaviour (Conrad and Schneider, 1980; Matters, 1986). The introduction of medical expertise and the allied professionalism of psychology was but a short step away.

The space occupied by youths designated to be delinquent drew professionals like a magnet, authority over this area being contested by social workers, sociologists, criminologists and medical physicians alike. The "politics of professions" (Horn, 1986:58) suggests that the discipline with the most prestige is likely to garner favour and funding. However, psychiatry's dominance in the area of juvenile crime was to be achieved despite its traditionally tenuous claim to medical legitimacy in the view of both the general public and the medical profession itself (Horn, 1986).

The pioneering work of Chicago physician William Healy boosted psychiatry's fortunes. In 1914, Healy succeeded in establishing a psychiatric clinic to service the juvenile courts. The clinic's multi-disciplinary team of psychologists, social workers and psychiatrists initially adopted a perspective of multi-causality, citing the interaction of a number of factors ranging from the biological and psychological to family background, neighbourhood and economic class. The social study of the individual was an important innovation introduced by Healy as was the use of the interdisciplinary team, both established features of many psychiatric clinics today. The detailed social history included an account of the home and neighbourhood situations, school and court history as well as personal interests and habits. A physical examination was given and psychological tests administered, including IQ,

reading and vocabulary evaluations. Finally, the case history included the youth's own story which was thought to be invaluable for revealing mental factors which might influence the tendency towards delinquent activity (Horn, 1986).

By the late 1920's, the influence of psychoanalysis resulted in a shift in the clinic's emphasis to one of intra psychic factors, including the unconscious. Emotional dynamics in the family became the prime focus with delinquent behaviour being viewed as meaningful conduct to the individual. The key to purposeful behaviour was seen to lie not in the individual's personality but, rather, in the existence of "satisfactory human relationships" (Healy and Bronner, 1936:8-9). According to this perspective, delinquents were "acting out" underlying anti-social impulses and psychological conflicts. Healy centred on the individual's family experience to uncover the bases for these conflicts and concluded that the delinquent child "never had affectional identification with the one who seemed to him a good parent" (Healy and Bronner, 1936:10). The resultant problems were considered to be the consequence of these unsatisfied needs.

These findings were to be crucial to the emergence of a psychiatric approach which differed from the environmentally oriented views of sociologists and criminologists. Treatment was considered to demand parent education as a preventive measure with parent-child psychotherapy proposed once a problem was identified. Responsibility for resolving the problem lay with the family, the institution judged to be critical to child and youth conduct since the earliest days of juvenile justice. At the same time, the clinics sought to intervene at an earlier age and to expand their constituency to include middle class children (Conrad and Schneider, 1980). This underlines the continuing contradiction at the heart of the mental health profession: "with one hand it supports the sacredness of family relations, with the other it infiltrates them and subjects them to its management" (Ingleby, 1985:105).

The emergence of distinct psychiatric measures with an increased emphasis on the youth's personal psychology and family relationships was but one example of the growing phenomenon of the medicalization of social problems (Conrad and Schneider, 1980; Foucault, 1982/1983b). The origin of the problematic behaviour was sought in the individual life history of the child or youth. Later sociological studies of youth subcultures, gangs and the impact of poor job opportunities led to the modification of the individualized approach practised by Healy. Yet the child guidance clinic had become established as a significant institution in the area of delinquency treatment and prevention. Part of its legitimacy was

derived from the popular belief that the medical health professions based their activities on science, in general, and the medical model, in particular. The medicalization of deviant behaviours effectively depoliticized them as the focus on individual treatment directed attention away from factors derived from shared institutions and meaning systems (Gusfield, 1989).

Mental disorders came to be understood not simply in organic terms but also according to psychological and social pathological considerations. This tendency was reinforced as more social workers and psychologists were integrated as members of mental health teams. While concepts such as symptoms and treatment continued to be employed, authority and legitimacy now had less to do with the use of the traditional medical model and more to do with the fact that mental or psychological problems were addressed within a framework derived from the natural sciences. This positivist outlook both reified and individualised behaviour. It denied the meaningful nature of human conduct and ignored the socio-historical context of all human activity (Ingleby, 1985). The objectifying effects of this attitude diminished the relational aspects of the encounter. This further facilitated the imposition of a tutelary arrangement (Kovel, 1980), reducing the patient to a passive role in which he or she must submit to a cure. A counter tradition arguing for a more relational and socially inclusive attitude existed, but its effects were limited. The authority derived from the dominant model's association with the scientific approach proved to be insurmountable.

A number of noteworthy shifts in perspective occurred between the 1930s and the present day, the first occurring during the Depression when neglect began to be described in terms of emotional negligence or rejection rather than being viewed as a product of economic poverty (Conrad and Schneider, 1980). Equally significant was the fact that emotional neglect came to be considered as "a gendered form of child abuse – only mothers could be guilty of it" (Gordon, 1988/1989:24). A legal challenge arguing that juveniles were being denied their constitutional rights to protection accompanying due process curbed the courts' therapeutic intent and brought legal matters more clearly to the fore. This was followed in the late 1970's by a backlash against a perceived permissive attitude towards juveniles in the United States. The legislative changes enabling the cases of youths accused of murder and other serious crimes to be raised to adult court were echoed in similar attempts to toughen Canada's Young Offenders Act (Marron, 1992).

Child Abuse as the Defining Gaze

While the therapeutic role of the juvenile court has waned to some degree since Healy's time, the medical model remains lodged in a variety of services for deviant children. Many of these innovations owe their existence to the current attention being paid to the issue of child abuse. Physical injury, neglect and maltreatment of children have a long history but it is only in the past thirty years that child abuse has become identified as a medical and social problem.

From the early 1940's, journal articles have appeared documenting x-ray evidence of physical abuse to children. This phenomenon finally was legitimated with the appearance of Henry Kempe's article on "The Battered Child Syndrome" in 1962 in the most prestigious American medical journal (Conrad and Schneider, 1980; Hacking, 1985; Manning, 1987). Physical abuse of children was transformed from a social problem to a disease. The perpetrators were considered to be sick, the incidence spanned all classes and the claim that the issue was one of health was attested to by the pioneering work of pediatric radiologists who first captured the public's attention with x-ray evidence of the "illness". Child abuse now became "visible" with the diagnosis of "battered child syndrome" providing the physician with a defining lens and a legitimate reason to intervene. It also enabled radiology, traditionally a marginalized speciality with limited prestige within the medical community, to raise its profile (Conrad and Schneider, 1980; Hacking, 1985). The model of child abuse which surfaced with this heightened sensitivity to battering situations was one which consolidated a "psychopathological" interpretation (Conrad and Schneider, 1980). It was presumed that "the parent who abuses his or her child suffers from some psychological disease which must be cured in order to prevent further abuse" (Gelles, 1973: 611).

By 1965, child abuse was listed as a legitimate medical category. Within 20 years, the number of books published on the subject catapulted from zero to 600. This eruption of interest and concern spread across the English-speaking world. Despite the increasing involvement of social workers and legal authorities, the medical model continued to hold the position of prominence first attained with Kempe's breakthrough article. Early detection and the identification of probable abusive families, considered to be typical features of the medical model, were evident in the construction of the child abuse syndrome. Medical and psychiatric explanations were conspicuously prevalent. Abused children were understood to be the product of adult care givers who themselves had been abused:

[p]arents are studied in terms of what is wrong with them, so that abuse is seen as a problem with certain parents who are unusual, or different from the normal. Abuse results from some individual or family defect.... In the process other parents are seen as normal and the wider society is not seen as problematic.... The disease model legitimates the role of a variety of health and welfare professionals who are seen as experts on such exceptional problems (Parton, 1985:149).

Social factors were discounted in this equation as the disease model's reliance on the existence of a single causality or one structure of multiple causality held centre stage. Explanations which address possible structural causes tend to fall by the wayside as front line practitioners struggle with the immediate demands of reporting abuse, protecting individual children from further maltreatment and guiding abusers through treatment programs.⁵

Meanwhile, the past thirty years has seen the concept of child abuse emerge as the defining metaphor for moral evil (Hacking, 1985). Feminism has provided the crucial ground for the convergence of child abuse, wife assault and the sexual abuse of children as decisive proof of patriarchal domination. Concern with child abuse has fuelled the rise to prominence of child's rights since the 1960's. This development is considered by some to be a foil to more traditional paternal or family rights. Ian Hacking, on the other hand, argues that the increase in state intervention afforded by recent child abuse legislation has spawned an exponential increase in the number of related agencies which speaks more to the extension of state power than to the protection of children. Supporting this view is the shift in government funding from programs targeting single parent poverty to the issue of child abuse, a reconceptualizing of social problems that allows for a cheaper and more effective means to control deviant families. Arguably, more good than harm has been accomplished by the child abuse movement, yet we need to be reminded of the moral and political dimensions of this social phenomenon (Hacking, 1985).

When we turn from a widespread cultural proscription against child abuse to examine the definition of child abuse we find no unanimity.⁶ Having established the right to treat the affliction, the medical profession showed little interest in ensuring the precision of its actual definition (Hacking, 1985). Child abuse is a "normalizing concept" (Hacking, 1985:286), a term which does not have a fixed content but has evolved in response to social conventions. Its roots can be traced to 19th Century notions of cruelty to children. Significantly, people

of the Victorian era did not medicalize cruelty by deeming offenders to be suffering from a sickness or a pathology. Medical intervention did not occur neither were there attempts to define normal family behaviour. By contrast, our understanding of what constitutes child abuse occurs within a cultural framework of pathology and normalcy. In fact, its career as a concept has helped shape contemporary standards of what is normal with the medical model providing the underpinnings of this framework.

The trend towards earlier intervention in order to prevent possible disorders in child raising has been a distinct feature of this century. The regulation of the family's role in the socialization process has come under ever increasing scrutiny (Lasch, 1977/1979; Sedgwick, 1982; Ingleby, 1985; Gordon, 1988/1989) with the popular usage of terms such as attachment and bonding fostering conditions for extensive surveillance and investigation (Ingleby, 1985). The meteoric rise of child abuse as a perceived social problem is linked to the characterization of troubling or troublesome children as passive victims who rely upon the benevolent intervention of experts and adults to remedy the affliction. Yet this widespread representation has by no means secured a position of dominance. Vying for that distinction is a view of troubled children as potentially willful, irrational victimizers intent on disrupting social order.

The Victimizing Child as Cultural Other

We have seen how the social category of childhood offers the opportunity for the construction of the non-compliant "underage" person as abused or delinquent. In either instance, the notion of guardianship or tutelage is invoked, prompting responses that run the gamut from the caring to the coercive. The individual becomes the administered object of responsible agents who take it upon themselves to act in the youth's best interests. Yet child saving masks a concurrent dynamic of child submission. As Stanley Cohen (1985) observes, the rhetoric of child saving enables the expansion of interventions and a blurring of the boundaries between caring measures and those of social control. The very concept of acting out is sufficiently ambiguous to ease the shunting of designated youths between the mental health system and its criminal justice counterpart (Jantti, 1989; Verlaan, 1991).

A recent CBC-TV docu-drama, "Little Criminals" (January 21, 1996), focused on underage juveniles who defy the law without fear of reprisal due to their young age. In an

accompanying documentary, "The Making of 'Little Criminals'" (January 20, 1996), criminologist Neil Boyd characterized these young offenders to be simultaneously victims and victimisers. Penny Parry, Vancouver's child and youth advocate, commented on the fear people commonly feel towards youths, ostensibly due to their capacity to act as victimisers.

These contending accounts of youths as victims and victimisers may be seen as principal and secondary aspects of a single discourse. The rise of a neo-conservative agenda to "crack down" on youth crime (Marron, 1992) threatens to eclipse public concern about abused children as youths as a group are regarded with heightened apprehension (Hill and Fortenberry, 1992). Indeed, we are led to believe that the "failure of socialization" looms as a potential threat to humanity. Children now constitute the "dangerous classes" once populated by "criminals, mental defectives and vagabonds" (Ingleby, 1985:104).

It would be a mistake to consider this ascendant representation of "youths as predators" to be simply an anachronism, a throwback to an earlier view of young offenders as "child[ren] of nature" (Canada, 1908:976) who have gone astray due to their "evil tendencies"(Canada, 1908:975). While it is true that this construct is symptomatic of beliefs outdated even when recorded almost a century ago, it would be a mistake to dismiss these sentiments so casually. The argument can be made that they are but the most recent expression of a deep seated cultural logic which shows no signs of dissipating.

They are reminiscent of the dominant European society's depiction of the cultural other which traces its roots to the Enlightenment and beyond. It was in the course of its colonizing mission of those societies which did not share its defining characteristics – urbanized, secular, industrialized, capitalist (Hall, 1992d:277) – that European society constituted itself (Trouillot, 1991; Hall, 1992d:278). To a large extent, the self-representation of "the West" was fashioned through comparison with its perceived cultural other. The perceived identity of "the Rest" – notably, people native to the "New World" – tended to be informed by the idealized projections of the prevailing European culture, its aspirations, fears, self-confidence and guilt (Honour, 1976:3; Hall, 1992d:308).

These images were essentialist stereotypes with the cultural other depicted in an exaggerated dualism of good or bad, civilised or uncivilised, innocent or depraved (Hall, 1992d:308). To add insult to injury, this knowledge was productive, frequently moulding the self-conception of the people it was intended to represent (Hall, 1992d:278; Said, 1978:41-45). We would do well to take a closer look at this cultural dynamic. Its form echoes the

alienated and reified thought described by Marx and Lukacs. And its relevance continues in contemporary dichotomous attitudes towards another cultural other, troublesome children.

In an insightful essay, Gerald Sider (1987) mined the pages of the journals of Columbus and da Verrazano to present first hand accounts of their initial interactions with Native North Americans. The roots of what was to become an ongoing theme of dehumanization of Native peoples at the hands of non-Natives are exposed there with candid brutality. Central to Sider's argument is the premise that "the humanity of native people is denied in the context of an attempt to both *create* and *incorporate* the other" (Sider, 1987:6; italics added) within a single system of cultural and social domination. He demonstrates how Columbus acted towards Natives as though their impending enslavement was natural and inevitable rather than a process initiated by specific individuals at a particular moment in time. In their early encounters, Sider argues, Europeans justified their own viciousness as a pre-emptive reaction to what they anticipated to be a similar response on the part of Natives. In a classic example of "blaming the victim" (Ryan, 1971), the interlopers sought violent revenge for transgressions which existed only in their imaginations. They were absolved of any guilt by a rationalization Sartre claims is common among colonizers:

since none may enslave, rob or kill his fellow-man [sic] without committing a crime, they lay down the principle that the native is not one of our fellow-men....the order is given to reduce the inhabitants of the annexed country to the level of superior monkeys in order to justify the settler's treatment of them as beasts of burden (Sartre, 1961/1963:15).

The dehumanizing contradiction inherent to the colonizing process involves the simultaneous construction of Native people as alien or other and as ultimately worthy of inclusion within the dominant culture. The first prompts acts of humiliation and hostility supposedly befitting their subhuman status; the second, overtures to assimilate as equals. Both serve the interests of the dominant order: the appropriation of land and resources (Dyck, 1985). Successful claims to ownership by the state require either that the present owners be represented convincingly as subhuman or that they be stripped of their aboriginal rights through the granting of citizenship. The conditions of tutelage which mark this stand off continue to this day. They are justified by Native people's liminality in the eyes of state power, forever on the threshold of full personhood but always coming up short. The status of being less than fully human is deemed to be warranted as the degrading conditions to

which Natives have been subjected come to be presented as evidence of the people they actually are.

This relationship bears a striking similarity to the so-called "double bind" situation argued by some to lead to a form of schizophrenia (Bateson, 1956; Laing, 1959/1965; 1961/1971; Laing and Esterson, 1964; Lithman, 1984). In this scheme, the subordinate person -- typically, a child -- is instructed to act in a certain way (i.e. see the colonizer as friend). At the same time, the dominant person's behaviour elicits a contradictory reaction (i.e. see the colonizer as foe). The way out of this impasse is sealed by the injunction to remain engaged within the interaction (i.e. domination perpetuates colonization). Continued exposure to these conflicting messages leads to frustration, desperation and possible mental disintegration (Laing, 1961/1971), an outcome similar to that produced by the systematic dehumanization of the colonized (Fanon, 1963; Said, 1993).

Recently, public attention has been rivetted on a dramatic example of this phenomenon. The legacy of residential schools has produced an ongoing litany of allegations and convictions, making it clear that many Native children have been subjected to especially destructive treatment at the hands of "benevolent" guardians (Hanks and Hanks, 1950; Manuel and Posluns, 1974; Haig-Brown, 1988; Dyck, 1991, Furniss, 1995). Dominant representations of childhood and Native combined with the state mandated authority to protect, civilize and assimilate (Tobias, 1976/1983) appear to have resulted in the dehumanization of more than one care giver and Native youth. Harrowing accounts from survivors of residential schools (Manuel and Posluns, 1974; Fred, 1988) are reminiscent of Keith Johnson's depiction of the progressively more severe measures used against youths in residential treatment by those who fear they will retaliate in kind.

Representations of Native people and wayward youth as concurrently alien from and similar to the dominant conception of self resonate with a dichotomous style of reasoning characteristic of positivism. The mutually constitutive dynamic that informs the relationship between positivism, conventional thought and the medical model is precisely the one opposed by the Facilitating Program. To understand the Facilitating Program's efforts to counter this dehumanizing trend, it is first necessary to provide an account of the various economic, political and ideological currents at play at the Program's inception.

CHAPTER FIVE -- CONTEMPORARY CONTEXT

The [provincial] government is undertaking a fundamental restructuring of government. The goals of this restructuring are a more responsive public sector, an invigorated private sector and a fair sharing of the benefits and obligations of being a [citizen of the province].

The basic theme of restructuring is to move government closer to the people... to improve the way government makes decisions by more directly involving the people the decisions affect. This is the heart of the government's decentralization program (Office of the Premier, 1989:1).

Announced in 1989, this policy initiative was expected to have a major impact on the delivery of mental health programs to the province's citizens. In fact, the move towards decentralization had been in effect since 1987 when a plan was set in motion to downsize the province's central residential facility for adult psychiatric patients. While a major incentive for this development was cost effectiveness (Gordon, 1988; Verlaan, 1991), the perceived well being of the clients was also cited as an important consideration.¹

Similar explanations would surface some years later in a parallel initiative to decentralize and deinstitutionalise mental health services to youths. This community centred orientation was mirrored in the provincial Child and Youth Secretariat which was established in 1990 to facilitate inter-ministry co-ordination and increased community involvement in health delivery to youngsters. The provincial Ombudsman's report which appeared the same year underlined a similar desire for the integration of individuals in the community. In its emphasis on the importance of high quality and effective services for youths, the report also cited: "concerns about the pressing need to integrate services and strengthen safeguards to ensure adequate protection and fair treatment for children and youth when special services are required" (Office of the Ombudsman, 1990:1).

To realize these objectives, the Ombudsman called for "more effective and integrated multi-disciplinary approaches to assessment, referral, case management, and service provision" (Office of the Ombudsman, 1990:6). It also stressed the necessity to review and to transform programs so that they might better reflect the actual needs of both children and their families. In part, this represented a re-alignment of government agencies towards a more community based, youth-centred system of care.

Changes to the provincial Mental Health Act in late 1990 reinforced this youth-centred approach and dovetailed with the changes taking place in the treatment centre.

Perhaps the most noteworthy of these relates to the section indicating that a youth has the right to be discharged immediately from a facility in which a review panel has judged that the individual neither has a mental disorder nor requires "medical treatment, supervision or control for his/her own protection or the protection of others" (Crossroads, 1990b:1). The Facilitating Program's policy of short term residency for the purposes of clinical assessment reduces the likelihood that the review mechanism would be activated (Verlaan, 1991).

Further evidence of a perceived urgent need for improvements in the existing system was to be found in the findings of an ambitious project launched in 1991 to consult mental health providers to "children and youth at risk" residing in the largest urban centre in the province. The purpose of the inquiry was to determine what was required to improve the health of children and youths in that area, in particular, and in the province, in general. The first part of this inquiry consisted of a survey drafted by the provincial Office of Health Promotion which was circulated among selected professionals. In addition, a two day decision making conference of these professionals was convened. The task force concluded that reform of the mental health system was considered to be the most pressing problem (Children and Youth At Risk Steering Committee [CYARSC], 1991:i):

[t]he issues in today's system relate to funding, coordination, and consumer and community³ participation. Additional funding is required, especially for prevention, early intervention, and counselling services. An estimated 49% of our resources has been and continues to be consumed by children and youth who use high-cost residential and hospital services. Until we put more of our resources into prevention, this situation is unlikely to change. Uncoordinated services result in a scattering and diluting of efforts and a less-than-satisfactory outcome Consumer and community participation is sadly lacking. Currently, parents, children and youth, and service providers are not active participants in case planning and management decisions. Until consumers, providers, and the community are able to actively participate in the setting of policies and allocation of resources, the system will not be completely effective (CYARSC, 1991:i-ii).

The project survey focused on the major urban centre for the province in which an estimated 24% of all the children reside. This high percentage was considered to be due to the fact that:

[w]e tend to draw families from around the province who have needs for specialized services. We absorb 82% of new immigrants to [the province]. With the added pressure of urban crowding and poverty, it is not surprising that Dr. Dan Offord found that, "Children in urban areas were significantly more likely to have one or more (psychiatric) disorders than children in rural

areas." Offord's findings came from a recent and extensive study of 3,000 children in Ontario. He found the prevalence rate of psychiatric disorders in urban areas to be 19.65. This means that in a six-month period, one out of five children will have a diagnosable psychiatric disorder (CYARSC, 1991:4).

Offord's research is cited throughout the report, reflecting the steering committee's belief that it is applicable to the situation in their province. Prevention, early identification and early intervention were regarded to be the key priorities in providing "an integrated continuum of care capable of responding to children who are at risk of or have a mental health problem" (CYARSC, 1991:15). The major risks faced by children were considered to be "poverty, high-risk family situations and poor physical health" (CYARSC, 1991:16). ⁴

The project's emphasis on prevention, early intervention, and coordination of services was echoed in an earlier report entitled "Foundations for the Future" issued by a national body, the Federal Working Group on the Mental Health of Children and Youth (1990) under the auspices of Health and Welfare Canada. The Working Group identified four principles which it considered to be essential for effective mental health programs for children and youths:

1. The family is central to the provision of universal health for children and youth; consequently, the first priority must be afforded those aspects of health policy which strengthen the capacity of families to provide for their children;
2. A distinct emphasis on the particular health needs of children and youth is essential to ensure that their needs are recognized, articulated, and met within the overall health services organization;
3. The traditional emphasis on curing disease in institutional settings is insufficient, and must be balanced with more active community-based programs and initiatives. Of particular note is the need to reinforce and expand multiplicative models of service provision whereby a few specialists can actively support the interventions of many more persons in the community (e. g. teachers, child care centre staff, public health personnel, etc.) who are in direct contact with children and families;
4. Health and access to appropriate services are possible only if there are more proactive programs available for those at risk and for those who currently do not avail themselves of existing services. (Federal Working Group on the Mental Health of Children and Youth, 1990:8-9).

Anticipated financial savings to the state lend significant impetus to this desire to decentralize and deinstitutionalise mental health programs for children and youths. There

is a tendency on the part of certain left wing commentators to associate this cost cutting policy with a conservative, or neo-liberal (Teeple, 1995:1), point of view which has gained prominence in recent years (McDaniel, 1993; Verlaan, 1991). Yet policies with a similar outcome are promoted by left leaning governments as well. This is attested to by the actions of the social democratic party which succeeded the conservative party which had approved and supported the reforms taking place on the grounds of the treatment complex at the end of the 1980's. The initiatives which, in the words of the complex's executive director, were launched by "riding the decentralization wave" (Verlaan, 1991:83) were actively advanced by the incoming government under the rubric of "community control".

According to the executive secretary of the Minister responsible for Social Services, the government's perspective in terms of Health and Social Services was guided to a considerable degree by the work of John McKnight (Winstanley, 1992). McKnight's thesis is that the necessary expertise for resolving perceived social problems lies not in the hands of so-called experts but with non-professionals at the community level. He argues that designated professionals should step aside to allow greater participation by members of the community, those whose expertise is not legitimized by professional degrees and employment in a government agency but by life experience (McKnight, 1984; 1984b; 1989; 1990). McKnight also maintains that monies used to fund health professionals could be better spent in eliminating poverty which he considers to be the basis of many health related problems (McKnight, 1989).

McKnight's populist views are mirrored in the conclusions of a legislative review of family and children's services submitted by a government sponsored community panel (Community Panel, 1992). This task force attempted to consult people beyond individual professionals and professional interest groups. They conclude, in part, that existing options "do not recognize the value of family and community networks, which are a rich and largely untapped source of alternative care options" (Community Panel, 1992:152). They note that parents "told us that connecting with other parents who were experiencing the same dilemmas was often more helpful than receiving professional services" (Community Panel, 1992:70). The Community Panel goes on to state that "given adequate resources, communities have within them the capacity to support and protect families, youths and children" (Community Panel, 1992:21). ⁵ The findings of the Community Panel also supported reduced government involvement in terms of "secure care" for children and youths at risk:

[t]he question of what to do with people who are a danger to themselves or to others is an old one. It pits individual liberty against society's need to protect its members. "Secure care" is, to a large extent, a euphemism; in plain English, it means locking young people up. No one **wants** to do it, but most people we heard from agreed that there sometimes seems little alternative....

The issue is further complicated by the division of authority between Ministries. The *Young Offenders Act*, administered by the Attorney General, provides for secure care but in so doing criminalizes the young person. The *Mental Health Act*, administered by the Ministry of Health, provides for secure care without criminalization but introduces the necessity of diagnosis and treatment. Neither is helpful to the parent who just wants a child kept off the street or a caregiver faced with severe "acting out"....

The panel has difficulty accepting any solution that criminalizes children and we reject using a medical justification for restraint on personal liberty when the problem is clearly not medical. We cannot make any recommendation on this issue in this report....(Community Panel, 1992:159-160; original emphasis).

It would seem that it is this contradiction which the Facilitating Program attempts to resolve. In its efforts at reform, the Facilitating Program endeavours to offer what it considers to be non-judgmental care. To this end, it sees itself as:

a programme with the primary objective of providing care for adolescents, rather than controlling their behaviour, delivering a message of deterrence or providing treatment. This program is based on the fundamental assumption that problematic behaviour is often a functional response to a dysfunctional environment. Consequently, the goal of this program is to help ensure the psychological health of the ecological systems in which the adolescents function, rather than to focus on the psychological health of individual adolescents alone (Crossroads, 1990:4).

Nevertheless, as a facility funded by the provincial Health Ministry, the Facilitating Program's pursuit of its objectives falls within the boundaries set by the prevailing conventions of adolescent mental health. This requires that the adolescent disorders attended to by the Program are recognized by the psychiatric profession – the dominant cultural arbiter in matters of psychiatric disorder – and legitimated by its authorized manual – the American Psychiatric Association's Diagnostic and Statistical Manual. While the orientation and diagnostic categories of the D.S.M. have been widely criticized, this text remains psychiatry's authorized guide for determining acting out, i.e. culturally deviant thoughts and behaviours. In recent years, it has become a virtual best seller among mental

health professionals (Kirk and Kutchins, 1992:128) and its influence on the daily functioning of the Facilitating Program is considerable. Specifically, it presents the definitive account of conduct disorder, the category which provides the Facilitating Program with its frame of reference. As an imposing presence within the mental health professions and beyond, the D.S.M. requires a closer look in order to appreciate the forces at play in both the constitution of the Facilitating Program's perspective and the nature of the challenges which it faces.

The D.S.M.

Psychoanalytic psychiatry bases truth on authority; something is true because Freud said so. Scientific psychiatry bases truth on scientific experimentation.... The old psychiatry derives from theory, the new psychiatry from fact (Maxmen, 1985:31, quoted in Kirk and Kutchins, 1992:7).

Or so supporters of this development would have us believe. In contrast to Freud who was interested in determining the origins or causes of mental disorders, the focus of Emile Kraeplin, Freud's contemporary, was on the classification, categorization and description of these disorders as discrete entities (Ellenberger, 1970; Young, 1991; Kirk and Kutchins, 1992:5). Kraeplin's approach came to dominate modern psychiatry with the publication of the D.S.M.-III in 1980, considered by some to represent a victory for objectivity.⁶ A less triumphalist view contends that the D.S.M.-III's alleged scientific orientation represented a manoeuvre on the part of an emergent group of psychiatrists to seize control of the internal organization of their profession and to challenge the decentralization of power to other mental health professions (Kirk and Kutchins, 1992:8). Others characterize the power play in more ominous terms, judging the stakes to be the right to draw the fault line separating the normal from the abnormal: "Classifications are less attempts to classify disease than to articulate an idealized cultural-, age - and gender-specific self by way of 'diagnosing', (meaning originally, 'to tell apart') self *from* others" (Gaines, 1992:19; original italics).

Certainly, the manual offered legitimation for psychiatry's campaign to secure authority over a significant area of social policy. The development of the D.S.M.-III heralded a "medicalization of deviance" (Conrad and Schneider, 1980:28), an occurrence which took place in the midst of a variety of social developments. An increased number of non-medical practitioners had gained entry to the mental health field, typically providing less expensive

services than their medical counterparts. This was accompanied by a demand for greater efficacy of results coupled with a shift to a less dialogic, more social control orientation. Meanwhile, important advances had been made by the biological approach in promoting its perspective on mental disorders (Kovel, 1988).

Recent years have seen mental health become a growth industry with the rate of increase in the number of American mental health professionals – psychiatrists, psychologists, clinical social workers, family and marriage counsellors – having more than doubled between 1975 and 1990 (Kirk and Kutchins, 1992:8). However, the position of the psychiatrist atop this burgeoning enterprise has been compromised. Ironically, this is due, in part, to psychiatry's success in promoting outpatient psychotherapy in both the United States and Canada during the mid portion of this century.⁷ Psychiatry's decline in prestige in the eyes of those outside the medical profession was mirrored within the medical ranks. Traditionally devalued as a medical speciality, psychiatry's status could hardly be improved by its growing duplication of services offered by nonmedical professions specializing in psychotherapeutic practices of dubious scientific validity. Psychiatry's increasingly marginalized status helps explain part of the motivation behind research psychiatrists spearheading a campaign to re-align the classification of mental disorders along more scientific lines. This coterie which comprised the D.S.M.-III Task Force effectively carried out a coup, bypassing the objections of the Freudian psychotherapists who comprised the majority of the association and installing a new paradigm for the conceptualization and organization of knowledge related to mental disorders (Kirk and Kutchins, 1992:14).

Earlier versions of the D.S.M. lacked precise conceptions, vague and general descriptions being the norm. Questions about diagnostic validity were legion but the D.S.M.-III Task Force managed to divert attention to a more manageable difficulty: reliability or the extent to which clinicians can identify D.S.M. designated symptoms to arrive at a D.S.M. designated diagnosis (Kirk and Kutchins, 1992:31). In this way, the thornier question of the conceptual definition of mental disorders gave way to a discussion about consistency in making diagnoses, an issue of questionable concern to clinicians who typically look beyond any single diagnosis when determining a plan of action. Critical to this manoeuvre was the promotion of a diagnostic system based on specific descriptions of observable behaviour. In this sense, it took an atheoretical approach as it bypassed any consideration of the possible causes of the behaviour and focused on perceivable symptoms. With this empiricist outlook firmly in place, the claim was made that the D.S.M.-III was no longer an

"arbitrary stigma-producing exercise in labelling" (Kirk and Kutchins, 1992:105) but now was scientifically based.

In fact, there is little that is objective about the diagnostic criteria (Kirk and Kutchins, 1992:221). Each is dependent upon social context and subjective judgment. Diagnostic criteria include common experiences or behaviours that must be specified. Designations then must be made as to where normality leaves off and abnormality begins. If thresholds are too low, the inclusion of many common experiences will result in the diagnosis being ridiculed. High thresholds, on the other, will predetermine its "abnormal" character, but may render the category to be useless due to its rare applicability. In addition, disorders may share criteria but not all criteria. Frequently, arbitrary boundaries are required with the positioning of these boundaries determining the prevalence of the disorder (Kirk and Kutchins, 1992:200). Perhaps most telling is the fact that the D.S.M.-III's lack of a clear and coherent understanding of mental disorder renders its efforts to provide specific descriptions irrational. The manual's editors state that "there is no assumption that each mental disorder is a discrete entity with sharp boundaries (discontinuity) between it and other mental disorders as well as between it and No Mental Disorder" (American Psychiatric Association, 1980:6). Effectively, what they provide is a classification system without a clear conception of what it is that is being classified (Kovel, 1988).

Diagnosis is the initial step in the technological process of transforming an individual with an ambiguous complaint into a patient or client with a diagnosed mental disorder. The D.S.M.-III was an attempt to make diagnoses appear to coincide more closely with technical rationality (Kirk and Kutchins, 1992:220), separating the designated patient from his or her social relations in the process. Using the manual as a viewing lens, the mental health professional acts as an impersonal and expert observer. Intersubjectivity or the dialogical relationship between the professional and the patient is superseded by this objectifying gaze (Foucault, 1963/1975; Kovel, 1988). The individual is diagnosed according to specific behaviours which are not addressed in the context of the person's socially and historically grounded meaning system. Instead, the D.S.M.'s classificatory system of diagnosis consists of a list of criteria which the mental health professional can apply in a unilateral way regardless of differing contexts.⁸ Psychiatric diagnosis constructs the object it purports to identify and is not the neutral, objective instrument that it claims to be. Instead, the authority of the D.S.M.-III lies in technocratic power whereby a specific professional body appropriates the right to ascribe names and categories and to legislate definitions.⁹

Joel Kovel (1988) situates his critique of the D.S.M.-III in a conceptual framework consistent with the dialectical phenomenological view which informs my project. Kovel asserts that we are history-making beings. We form and comprehend our sense of self through our interactions with others. Self-recognition is thus a function of intersubjectivity. Mental illness may be characterized as a more or less significant moment of "frozen history", a reification of self-powers in which creative productivity is denied.¹⁰ This self-alienation, or internal splitting, involves the alienation of the person from other people and, as such, it may be comprehended by its effect on others. In conventional psychotherapy, this entails reflection by therapists on the nature of the interactions occurring in the clinical interview. As mental health professionals, therapists are expected to be aware of their own mental processes while being able to acknowledge the patient's unique individuality despite dissimilar experiences on the basis of race, class, gender, age, ethnicity and the like.

An inexact procedure at best, this process has been thwarted by the dominant psychiatric perspective from the publication of the D.S.M.-III to the present day. The prevailing empiricism excises the role of dialogue necessary for this arrested capacity to be comprehended and surpassed. While claiming to be scientific, this approach actually serves an ideological function. First of all, it severs the intersubjective field, the dialogical relationship, by privileging the psychiatric point of view.¹¹ Secondly, its content imposes a particular definition of social normality and abnormality regulated by conventional clinical interests (Kovel, 1988).

Kovel argues that engaging in a critique involves placing cultural phenomena in an historical context and deciphering the social interests which these processes, formations and products appear to serve. Employing a similar deconstructive approach, Atwood Gaines (1992:3) concludes that the D.S.M. system of classification¹² provides a standard of self mastery which implicitly reflects culturally dominant gender, ethnicity, religion and age conceptions of normality. This ideological project is cloaked in the guise of scientific authority, the D.S.M. routinely being touted as an atheoretical instrument for the identification of biologically based mental disorders (Gaines, 1992; Kirk and Kutchins, 1992:7). Biology's presumed universality establishes the D.S.M. view as a totalizing discourse subsuming alternate perspectives with its all-encompassing explanatory power.

Psychiatry considers mental disorders to be behaviour patterns which are "clinically significant" (American Psychiatric Association, 1987:xxii). Medical professionals thereby arrogate sole responsibility for deciding which social phenomena fall into the category of

psychiatric illness. The classification of these disorders constitutes the basis for diagnosis upon which medical intervention, research, language of communication and professional claim staking occurs. This takes place despite the fact that medical consensus acknowledges the indiscrete nature of the individual disorders and the absence of unique, disorder-specific symptoms. Gaines argues that these disorders or diseases are constructed rather than discovered, owing their conscious articulation to unconscious assumptions which coincide with the interests of specific cultural communities. I would add that these unconscious values and beliefs tend to map dominant assumptions which have receded from conscious awareness. Their commonplace acceptance as "unarticulated common sense" (Gaines, 1992:15) marks their transition from ideological to hegemonic knowledge (Williams, 1977; Comaroff and Comaroff, 1991). I also would agree with Kovel (1988) that the psychiatric establishment does not choose this path of action as a conscious conspiracy. It simply represents the relatively unreflective pursuit of its own interests which it takes to be synonymous with those of the common good.

The conception of personhood embodied in the D.S.M. outlook appears to be derived from the dominant tendency in the Western cultural perspective – the northern European German Protestant tradition (Gaines, 1982/1984; 1992) – which depicts the person as constant yet malleable, physically bounded and autonomous, the locus of motivation and action. Not coincidentally in my view, this characterisation parallels the representation of the individual promoted by capitalist market forces which drove the comparatively rapid and extensive industrialization of northern Europe. Individuation and personal growth are central to this notion as is the alleged capacity to control and fashion oneself. The value placed on constancy is reflected in the D.S.M.'s category of personality disorder which is premised on the enduring psychological structure of the self. Rationality is held at a premium and informs a cultural standard of normality that presumes rational self mastery.

This referential self differs from the sociocentric Mediterranean self which possesses capacities and a character set at birth with reference to significant related others, yet alterable according to interactional circumstances (Gaines, 1982/1984; 1992). Significantly, this latter version of the self is not entirely subject to the individual's autonomous will but is seen to be a socially related, socially dependent construct. Emotionality tends to be valued in this conception and its sociocentric character diminishes the feasibility and value of self mastery. By contrast, the culturally dominant referential model tends to devalue the very

qualities of emotionality emphasised in both the Mediterranean tradition and the conventional symbolic conceptions of ethnic minorities, women and children (Gaines, 1992).

In a certain sense, the mature, rational, self controlled, culturally dominant self represented in the pages of the D.S.M. needs the example of its Other in order to construct itself (Gaines, 1992). Children and youths would seem to serve this function. The dramatic increase in the number of children's disorders documented in the D.S.M.-III (Kirk and Kutchins, 1992:101) appears to legitimize the notion of adolescence as a marker for abnormality much as Japan's "school refusal syndrome" (Lock, 1988) can be seen to reflect similarly deeply held cultural assumptions and values (Gaines, 1992). Robert Hill and Dennis Fortenberry (1992) observe that the rise of the medicalization of social deviance over the past half century has witnessed a parallel tendency to characterize adolescence as a distinct period in which behaviours considered to be socially problematic are concentrated. They cite the work of G. Stanley Hall, Margaret Mead and Erik Erikson as but the most conspicuous benchmarks in this growing trend to view this interval as a time of emotional turbulence, norm transgression and potentially self-destructive behaviour within Western industrialized countries. The authors' partially ironic claim that adolescence has been cast as an age-bound condition which poses a risk to health raises the wholly serious concern that this increasingly popular representation may obscure the contributing role of oppressive structural inequalities along gender, sexual orientation, race, ethnicity, class as well as age lines (Hill and Fortenberry, 1992).

What is evident is that this notion of "adolescence as pathology" has taken on elements of a cultural stereotype, a cultural logic fostering a mutually constitutive dynamic. Greater interest has been directed to identifying and treating the ostensibly abnormal attitudes and actions perceived to be a function of this culturally specific life stage. The resulting attention legitimizes these behaviours as specific idioms of distress, culturally meaningful vehicles for conveying individual dis-ease, and their occurrence increases accordingly.

Conduct Disorder

"What's the use of their having names," the Gnat said, "if they won't answer to them?" "No use to *them*," said Alice, "but it's useful to the people that name them, I suppose."

Lewis Carroll
Through the Looking Glass

As the most frequently diagnosed psychiatric disorder of adolescence, the D.S.M.'s category of conduct disorder is a revealing illustration of this dialectic. The D.S.M.-III-R (American Psychiatric Association, 1987), the version in effect during the time of my fieldwork, defines conduct disorder as being characterised as "a persistent pattern of conduct in which the basic rights of others and major age-appropriate societal norms or rules are violated". Diagnostic criteria specify: "[a] disturbance of conduct lasting at least six months, during which at least three of the following have been present:

- (1) has stolen without confrontation of a victim on more than one occasion (including forgery)
- (2) has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning)
- (3) often lies (other than to avoid physical or sexual abuse)
- (4) has deliberately engaged in fire-setting
- (5) is often truant from school (for older person, absent from work)
- (6) has broken into someone else's house, building, or car
- (7) has deliberately destroyed others' property (other than by fire-setting)
- (8) has been physically cruel to animals
- (9) has forced someone into sexual activity with him or her
- (10) has used a weapon in more than one fight
- (11) often initiates fights
- (12) has stolen with confrontation of a victim (e.g., mugging, purse-snatching, extortion, armed robbery)
- (13) has been physically cruel to people" (American Psychiatric Association, 1987:55)

Criteria for severity range from mild in which few conduct problems beyond the minimum required to meet the diagnosis are present through moderate to severe in which many conduct problems in excess of the minimum exist or "conduct problems cause considerable harm to others, e.g., serious physical injury to victims, extensive vandalism or theft, prolonged absence from home" (American Psychiatric Association, 1987:55). The Facilitating Program states that::

[c]onduct disorder as a diagnosis is not specific. [Its incidence of occurrence] can be adjusted by the adjustment of the cut-offs of [the] amount/type [of] behaviour present. [The identifying] behaviours are exceedingly common in ... [the general] population. [The overlap of behaviours associated with conduct disorder with other diagnoses] is the rule (Crossroads, 1992:4).¹³

Conduct disorder represents the encoding of specific adolescent behaviours whose degree of departure from the norm are considered to be clinically significant. It legitimizes these behaviours as a valid idiom of distress, simultaneously acknowledging the content of the behaviours as meaningful and reading it as evidence of a behaviour disorder which will be dealt with accordingly. The authority of this approach is largely based upon allusions to the medical model of diagnosis and the treatment of biologically based pathology which it applies to mental or psychological phenomena. The prominence and credibility of conduct disorder as a category is very much "a function of the social power of the constituencies from which it emanates" (Kenny, 1995:2). This age-bound category illuminates what an influential body of social regulators deems to be evidence of the failure to navigate the passage to responsible selfhood. Situated within a framework of psychopathology, this category reveals the nature of the dominant "social psychology"¹⁴ (Horton, 1983:79) activated in response to these perceived difficulties.

In fact, the behaviour that falls within the descriptive boundaries of conduct disorder speaks more of attitudes and actions defined by conventional standards to be socially deviant than of mental disorders or psychopathology. Intended to document symptoms of underlying psychological disabilities, this category inadvertently serves as a capsule commentary on prevailing cultural values. For it is within the cultural realm that each person fashions a conception of self which reflects the individual's unique negotiations with normative values, beliefs and expectations. Idioms of distress act as vehicles to express "instability in the content of selfhood" (Kenny, 1986:9). Of necessity, they employ elements considered to be meaningful and of value to their audience.¹⁵ In seeking social recognition, the person exhibiting behaviour considered to be *conduct disordered* effectively communicates a negative image of the *conduct ordered*, the dominant cultural Self.

By all accounts, there is a good sized cohort currently clamouring for attention. The author of the most comprehensive study of adolescent mental health in Canada to date observes that conduct disorder comprises fully 59% of all the diagnoses made of teenagers in Ontario, the research project's catchment area. By Dan Offord's estimation, this includes 5.5% of all youths between the age of 4 and 16, amounting to 100,000 cases of conduct

disorder in Ontario alone (Offord, 1987). The Facilitating Program notes that many undiagnosed youths indicate that they engage in behaviours associated with conduct disorder, a group judged to comprise 60% of all adolescents (Crossroads, 1993:420). What emerges is a picture of a society vulnerable to bodily harm, destruction or loss of property and rule violation at the hands of the majority of an age-bound cohort. Youth defines the Other in this instance with fully 60% of those under 18 years of age judged to be "at risk" of mental pathology. The expression of that pathology directly threatens the dominant cultural Self. For with person, property and norms under siege, what self respecting person can lay claim to self-mastery? Presented in these terms, it becomes evident that mental health professionals gathered under the umbrella of the Ministry of Health are busying their minds and hands with matters of social control as well as health care.

Conduct Disorder in Context

A recent provincial conference on conduct disorders offered the opportunity to gain an understanding of how the concept of conduct disorder informs the actual practice of these mental health professionals. Jointly sponsored by the local medical school's psychiatric outreach and the national body of child psychiatrists, this second annual gathering was attended by approximately 110 people. The participants were roughly divided between psychiatrists and non medical mental health professionals, including psychologists, social workers, educators, and child care workers. The format consisted of presentations of one and a half hours in length followed by half an hour of discussion.

The first of the two psychologist presenters outlined "A Developmental Model for Cross-Setting Prevention and Early Intervention with Children at Risk for Conduct Disorder and Delinquency". She spoke to the importance of communication between the different settings – family, school and community – when working with conduct disordered children. "Treatment Foster Care as an Alternative to Group Care for Adolescents with Severe Delinquency and/or Emotional Disturbance" was the topic chosen by the second psychologist. It emphasized the desirability of using short term foster placements to facilitate the teaching of skills to both the child and the biological parents. In neither instance was the legitimacy of conduct disorder questioned.

The presentations by the medical professionals were more forthcoming in their criticisms. Conduct disorder as a category was considered to be deficient by all four psychiatrists. It was generally thought that the term was too broad in scope, acting as a kind

of umbrella concept which grouped together individuals who share little in common other than the symptoms associated with this classification. On the one hand, it was recognized that each of us at some time displays behaviour which could be considered to be conduct disordered. On the other, there was consensus that children who are diagnosed to be conduct disordered can include individuals who exhibit serious psychological and behavioural difficulties. There was general agreement that this label described a behavioural disorder rather than a psychiatric illness. Its etiology was considered to be due to the interaction of multiple factors identifiable only through the compiling of a comprehensive phenomenological history sensitive to the interrelationship of biological, psychological and social considerations. There was also a willingness to work with this term despite its limitations. This frame provided the presenters with a working basis of unity within which each pursued specific areas of interest.

In a talk on the "Etiology of Conduct Disorders", a research psychiatrist reviewed the contributions of biological theorists in the areas of "medical and neurological histories, developmental delays, immunological factors, prenatal trauma, neuropsychological factors, genetic theories and psychophysiological variables". The speaker called for interdisciplinary co-operation and ended with a lament that while improved housing, economic conditions and support for single parent families could only lessen the incidence of conduct disordered children, it was unlikely that the general public would accept the increase in taxes necessary to fund such preventative measures.

Keith Johnson's presentation on the Facilitating Program argued for the centrality of attachment issues beyond early childhood. He claimed that the promotion of affiliation with others was critical for the caring of conduct disordered adolescents and that this required the active involvement of the immediate community. Audience discussion was generally favourable but critical comments were raised concerning the youth's rights regarding informed consent to the care plan procedures, the lack of necessary resources in specific communities to address the needs of the youth and the absence of a control group to confirm the program's promising results.

In "Conduct Disorders from a Forensic Psychiatry Perspective", the head of the provincial forensic psychiatry unit for adolescents re-iterated the vagueness of the concept of conduct disorder, grouping as it does people who display occasional mild anti-social behaviour with others who may be chronic violent offenders. He expressed a concern that growing public intolerance of youth crime will result in stricter penalties despite the fact that

nothing in the research literature supports the view that adolescents benefit from custody. Particularly disturbing from his point of view was the prospect of greater numbers of youths being imprisoned due to the absence of rigorous tests to differentiate the minority who are likely to become entrenched in violent acting out from the majority whose delinquency is transient and minor in character. As the leading forensic consultant to the provincial youth courts, his mandate includes developing screening techniques capable of making this distinction. He expressed skepticism about identifying conclusive procedures. However, he noted that the current political expediencies of his job find him advocating a move away from the general constellation of anti-social behaviours. Such "psychological constructs" as impulsiveness, manipulateness, and lack of empathy, were now favoured as potentially more precise indicators of underlying psychopathology.

The next speaker, arguably one of Canada's most prominent psychiatrists in the area of conduct disorder, echoed the cautions of the other presenters to avoid seeking simple causal relationships when exploring the etiology of conduct disorder. His talk entitled "Conduct Disordered Youth: Do We Serve Them Well?" directed attention to the actions of mental health professionals which tend to exacerbate the situation of conduct disordered youths. His research indicated that the major shortcomings of the social service system are its lack of continuity of care and its failure to provide suitable support structures. These failures are seen to be especially critical at a time when increases in the number of single parent families and double income families combined with high rates of youth unemployment bring new pressures to bear on the family unit. His emphasis was on a co-ordinated delivery of support designed to eliminate the wasteful duplication of services which accompanies the intervention of a succession of agencies over a period of time.

The conference captured a number of themes which I would continue to encounter in the course of my fieldwork. The first consisted of the willingness of mental health professionals to situate their interventions within the frame provided by conduct disorder while maintaining a critical skepticism about the validity of the term, in particular, and the D.S.M. model of pathology, in general. The second was the degree to which attachment theory is turned to as a legitimate alternative to the atheoretical empiricism of the D.S.M. Keith Johnson's presentation on the Facilitating Program may well have been the only one which referred directly to attachment theory, yet the familiarity of the audience with this perspective and their receptivity to this point of view was evident. Neither is it insignificant that the founding meeting held the previous year devoted its entire proceedings to the topic

of "Attachment, Relationships and Aggression: Mental Health Challenge for the Nineties". Conference documents indicate that the inaugural conference sought to provide "an overview of the advances and understanding in the fields of infant, child and adolescent mental health, ... [with] the process of early bonding and attachment" (Lambrou, 1992) considered to be central to these recent developments. Clearly, attachment theory has emerged as an important cultural force requiring closer examination.

CHAPTER SIX – ATTACHMENT THEORY

There was a child went forth every day,
And the first object he looked upon and received with
wonder or pity or love or dread, that object he became,
And that object became part of him for the day or a certain
part of the day....or for many years or stretching
cycles of years.

Walt Whitman, *Leaves of Grass* (1855)

Contemporary attachment theory is most readily associated with the notion of bonding which lodged itself in conventional knowledge in the mid 1970's (Crouch and Manderson, 1995) with the publication of *Maternal-Infant Bonding* (Klaus and Kennell, 1976). This work highlights a sensitive period shortly after birth when the establishment of a strong attachment between the mother and the infant is thought to take place. This bond is considered to be crucial for the occurrence of attachment over the long term and its existence is judged to have important consequences for the emotional well-being of both mother and child. Arguing that this sensitive period owes its basis to biology, this ethological view is rooted in sociobiology and wedded to an evolutionary perspective (Crouch and Manderson, 1995).

Maternal-Infant Bonding is an extension of John Bowlby's ground breaking work in the 1950's on maternal deprivation. Bowlby believes that mothers are genetically programmed to be responsive to the infant's signals for nurturing and attention. He considers this to be an adaptive interaction, designed to safeguard infants from predators. The consolidation of secure attachment between members of a kinship group is also judged to heighten the likelihood of long term survival. Psychological disorder is considered to be influenced by human relationships with the breaking of attachment bonds thought to be the source of disturbances potentially capable of affecting subsequent relationships. Similarly, the internalisation of disturbed attachment patterns can render the person more susceptible to further distress and the internal working model of relationships more vulnerable to the impact of adverse conditions (Bretherton, 1992:766).

This reading dovetailed with attitudes popular at the time which promoted ongoing nurturance by the mother in order to avoid potentially harmful life long consequences. The wide ranging controversy surrounding this perspective is responsible for much of Bowlby's continuing notoriety and for a certain simplistic reduction of his ideas in conventional

thinking. Margaret Mead (1962) considers his position to elevate and reify what are essentially culturally specific conclusions (Holmes, 1993:46). Certain feminists maintain that Bowlby replaces Freudian drive theory with an evolutionary perspective of the mother-infant relationship in which biology supplants culture. The claim is made that implicit in Bowlby's concept of maternal deprivation is a belief in anatomy as destiny with the primacy of the mother-child relationship being construed as a biological universal rather than a culturally relative construct. ¹ As a result, a natural configuration has been fashioned out of the dominant arrangement of nuclear families in Western industrialized society: absent fathers within a patriarchal framework (Leupnitz, 1988). The counter argument emphasizes *paternal* deprivation "due to weak, absent or abusive fathers, and [the] 'implosion' of the children onto unsupported mothers" (Holmes, 1993:47).

Bowlby's influential study focuses on the plight of orphaned children in the aftermath of World War II. However, its conclusions resonate with an emergent ideology which promoted the replacement of women factory workers with men returning from active duty. This view portrayed women's main responsibilities to be the bearing and rearing of the next generation rather than participation in the labour market. The notion of the "working mother" has become somewhat more acceptable with the increased involvement of women in the work force in recent years, but this subject-position remains a site of political contestation to this day (Marshall, 1994; Gordon, 1988). ²

Bowlby contends that mental health requires that "the infant or young child should experience a warm, intimate, and continuous relationship with his [sic] mother (or permanent mother substitute) in which both find satisfaction and enjoyment" (Bowlby, 1951:13). He considers society to play a critical part in this process for:

[j]ust as children are absolutely dependent on their parents for sustenance, so in all but the most primitive communities, are parents, especially their mothers, dependent on a greater society for economic provision. If a community values its children it must cherish their parents (Bowlby, 1951:84).

Subsequent interpretations frequently neglect Bowlby's reference to the substitute mother and to the conditions of mutuality. They also overlook Bowlby's underlining of the significance of health factors, social networks and economic conditions to the attainment of beneficial mother-child relationships (Bretherton, 1992:761). These omissions are significant for contemporary attachment theory often promotes a perspective which is narrower in scope than the one proposed by Bowlby.³

These contradictory accounts demonstrate the malleability of the notion of bonding. Its content appears to shift in emphasis depending upon the specific interests of whoever employs the term. On the one hand, it seems to embody certain unquestioned beliefs about women and child rearing. On the other, its varying usage tends to reflect the changing economic and social circumstances which impinge upon the relationship between infant and mother. The legitimacy of the concept of bonding is not so much called into question by these comments as is its somewhat diffuse meaning which permits varying ideological positions to use the term to support divergent views.⁴

1993 marked the third anniversary of John Bowlby's death. It also was the occasion of the first international conference held in his name. Spanning four days and attracting hundreds of participants, it consisted of presentations by close to thirty academics, clinicians and researchers well known in the area of attachment theory.⁵ In the words of the opening speaker, attachment theory has catalysed a paradigm shift which has had extensive impact across the mental health professions (Bretherton, 1992). Over the past 15 years, it has become consolidated as a primary reference point for theory and research in psychiatry, psychology and social work. Intense interest in this approach has sparked significant theoretical and methodological advances which have built upon Bowlby's premises while moving into areas unanticipated by and, in some cases, anathema to Bowlby himself.

The Architects of Attachment Theory: John Bowlby and Mary Ainsworth

Contemporary attachment theory is a product of the pioneering work of Bowlby further developed by Mary Ainsworth. Bowlby provided the theoretical framework with concepts derived from psychoanalysis, ethology, cybernetics, information theory and developmental psychology. Ainsworth supplied the notion of the attachment figure as a secure base from which the child moves to explore his or her surroundings. She also drew attention to the role played by maternal sensitivity to the child's behaviour in the development of attachment patterns. In addition, Ainsworth provided the methodology required to test attachment related ideas empirically and introduced innovations which have had considerable impact on contemporary studies (Bretherton, 1992:759).⁶

The founding premises of Bowlby's theory were fashioned in the late 1930's in opposition to the Freudian principles advocated by his supervisor, Melanie Klein. Klein claimed that the emotional problems of children were due, for the most part, to intra psychic

conflicts between aggressive and libidinal instincts. By contrast, Bowlby was convinced that the external world in the form of actual experiences played a more decisive part in a person's mental health. In particular, he argued that the mother's own childhood experiences were critical in determining the well being of her offspring. This interest in the intergenerational transmission of attachment patterns would guide his subsequent work. In the short term, it resulted in what is credited as being the first published article on family therapy, pre-dating Gregory Bateson's family systems approach by a couple of decades (Holmes, 1993). The paper documented the clinical breakthroughs achieved by interviewing parents about their own recollections of childhood while accompanied by their troubled offspring. Bowlby would later extend this interest in family dynamics by incorporating systems theory and cybernetics into his perspective (Bretherton, 1992:760).

Bowlby turned to Konrad Lorenz's studies of geese and Robert Hinde's work with rhesus monkeys to provide a theoretical explanation for his proposition that children require an intimate, continuous relationship with their care givers in order to thrive emotionally. By referring to nonhuman studies, Bowlby eliminated the need to wrestle with the issue of individual interpretation related to human behaviour. Bowlby's conception of the infant self tended to be passive and his main objective was to use ethology to provide object relations theory with a scientific foundation.⁷

During the 1940's, Mary Ainsworth conducted independent research which led her to conclude that secure dependence on parents was critical to the development of a child's mental health. Her work on the notion of a "secure base" (Salter, 1940:45) led to a collaborative project with Bowlby in which she contributed a classificatory system identifying positive, ambivalent and hostile as three noticeable relationship patterns among school-aged children reunited with their parents after prolonged hospitalisation (Bretherton, 1992:760). As Holmes (1993:104) indicates, Ainsworth's naturalistic studies of mother-child interactions led her to devise an assessment instrument similar to the methods used by Harlow and Robert Hinde in their work with monkeys.⁸

Attachment, Separation, Loss

By the time of the publication of *Attachment* (1969), the first volume of his trilogy, Bowlby has consolidated aspects of cybernetics, working models and intersubjectivity in an integrated approach. His conception of cybernetics replaces Freud's

notions of drive and instinct. It refers to the organism's ability to modify behaviour in response to changes in the environment within limits set by the specific organism's evolutionary adaptability. Human individuals, according to Bowlby, have the capacity to predict and accommodate future eventualities if they have developed internal working models of their environment and of their own actions in that environment. Conscious reflection upon and revision of these models may be required in order to adapt to a drastically altered environment. Finally, the capacity for communication enables humans to share the content of these models on an intersubjective basis while this same ability to communicate permits the person to regulate behaviour on an intra psychic level (Bretherton, 1992:766).

In *Separation* (1973), Bowlby incorporates concepts from contemporary cognitive theory to expand his discussion of how children use working models to predict the attachment figure's behaviour and to strategize their own responses. A child with an internal working model which portrays a valued and self-reliant self is one who is likely to have experienced an attachment figure responsive to his or her comfort and safety requirements while being simultaneously respectful of the need for independent exploration.⁹ Bowlby extends this discussion to include the transmission of attachment patterns across generations. His belief is that individuals who grow to be relatively self-reliant and emotionally stable as adults are likely to be those people whose own parents encouraged autonomy while providing support. In Bowlby's opinion, such parents tend to have fostered quite open discussion of their own working models of self as well as those of their child and of other people and to have indicated that these models are subject to criticism and to revision. Bowlby emphasizes that this interpersonal culture within the family is as important if not more important than genetic inheritance where mental health is concerned (Bretherton, 1992:767).

Loss (1980) marks the completion of Bowlby's trilogy and outlines his use of information processing theory to explain the defensive distortions of working models as well as their relative stability over time. One source of stability is the tendency for habitual or automatic patterns of interaction to become less accessible to conscious awareness. Stability is also derived from dyadic relational patterns whose reciprocal expectations make them less likely to change than individual patterns. Some distortion can be expected when new information is defensively excluded from consciousness. While these defensive actions

typically shield the child from unbearable conflict, confusion or pain, they also disrupt the ability of working models to accommodate the existing reality (Bretherton, 1992:768).

Bowlby cites three situations in which he believes children are liable to engage in defensive exclusion. These are circumstances observed by children which their parents do not wish them to know about, incidents in which children witness parental behaviour too upsetting to think about and thoughts or actions on the part of children of which they are ashamed. These occurrences may lead to a division or split of the internal working model.¹⁰ Bowlby uses Tulving's concepts of episodic and semantic memory (Tulving, 1972) to explore the repressive and dissociative phenomena captured with this analysis. According to Inge Bretherton (1992:768), Tulving makes the proposition that episodic memory encodes autobiographical experience while semantic memory acts as the repository for explanations provided by other people. On those occasions when the two memory banks retain material which is highly contradictory, severe psychological conflict is the probable outcome. When this occurs, episodic memory which houses the person's recollection of actual experience may be subjected to defensive exclusion. It is Bowlby's contention that this self-protective mechanism is particularly likely to occur among bereaved children under 3 years of age (Bretherton, 1992:768).

His analysis of the defence process led Bowlby to devote the last 10 years of his life to the examination of the application of attachment theory to psychotherapy (Bowlby, 1988). In Bowlby's view, a central objective of psychotherapy is the reappraisal of outdated or inadequate internal working models of self derived from relationships with attachment figures. The tendency is for the individual to re-impose these patterns on relations with the therapist so that their joint task becomes one of understanding the origins of these maladaptive models. The specific role of the therapist is to act as a secure base from which the person can begin to re-assess and revise working models (Bretherton, 1992:768-769).

Contemporary Developments

Adult Attachment Interview

One of the most decisive recent developments involves the application of Ainsworth's mother-child attachment patterns to the study of adults. Mary Main's adult attachment interview (George and Main, 1984) poses questions to parents

concerning their own childhood attachment and the consequence of these early patterns upon their later development. The adults are judged to fall into one of three categories, replicating the infant classification patterns. *Autonomous secure* refers to those parents who give a coherent depiction of childhood attachment, regardless of whether or not these early experiences had been satisfying. Conflicted memories presented in a relatively disorganized and incoherent manner are considered to be typical of *preoccupied* parents, while *dismissing* parents fail to recall much information about these early experiences, the few memories recounted indicating instances of rejection. These findings are then applied to the current relational tendencies of the parents with their offspring, resulting in data strongly supportive of the premise that attachment patterns tend to be transmitted intergenerationally (Fonagy et al., 1991; Fonagy et al., 1993; Bretherton, 1992:769).

The conventional explanation for the high correlation is that insecurely attached parents demonstrate an inability to experience and resolve the distress associated with separation and loss. As a result, they are unable to accommodate the child's feelings of distress. This means that the child must resort to defensive measures such as the displacement of aggression onto siblings or toys, self-injury or over compliance in order to keep feelings within manageable limits. The care giver is understood to be accommodated by the child within a general coping style that takes one of three forms. In avoidant attachment, the child attempts to downplay attachment needs because of the likelihood of rejection. This results in a strategy of maintaining distant contact with the care giver while a defensive exclusion mechanism is invoked to remove both the child's unmet needs and the care giver's rejection from consciousness. An ambivalent strategy may be employed in which the child either clings to the care giver or actually acts as the adult's care giver while feelings of anger at the parent's rejection are excluded from conscious awareness. A third, less common pattern of insecure attachment is considered to be associated with a more severe psychopathology.

Attachment needs are not considered to be confined to childhood. Instead, they form a lifelong part of a person's relations with parents, friends, and partners. For example, Bowlby considers the task of leaving home which typically occurs during adolescence to involve the distancing of parental attachment, mourning that loss and then moving through a transition period of peer group attachment to the pair bonding of adult life. As a parent, the nature of a person's present intimate relationships may be as important in shaping current parent-infant interactions as past events. Yet these same past influences may play

an important function in the selection of a spouse or partner. Bowlby's awareness of these tendencies strengthened his resolve to cast attachment theory in terms of the feedback loops common to systems theory, early negative self-assumptions fostering subsequent relations with others which reinforce these self-concepts in a vicious circle. Patterns of attachment and dependency also are seen to comprise critical components in therapy as the mental health professional becomes a pivotal focus for attachment needs that have been suppressed (Holmes, 1993:152).

The Role of Narrative

Arguably the most significant recent emphasis in the attachment perspective of human behaviour is its increased reliance on the concept of narrative. The meaning creating practice of story telling appears to have supplanted both scientific and ethical considerations in contemporary psychoanalysis (Rustin, 1991; Holmes, 1993).¹¹ Through the process of shaping and naming the child's sensations, the parent may be understood to be the primary locus of meaning. "The function of the parent, of the therapist and of cultural objects can all be understood in this framework of containment and structuring of inchoate experience" (Holmes, 1993:144). Significantly, John Bowlby is a notable exception to this interpretive trend.¹²

Jeremy Holmes (1993:214) makes the case that much of contemporary attachment theory shifts emphasis away from Bowlby's reliance on evolutionary science toward the hermeneutic tradition. The concept of narration supplies the catalyst for this re-orientation. The term narrative is derived from knowing and is considered to be central to psychotherapy's objective which is one of self knowing. Typically, psychotherapy sees its function to be one of assisting the person to become aware of information and experiences of which he or she has been unconscious. This process consists of attributing symbolic meaning to amorphous feelings. This provides the means to transform fragments of experience into a coherent story, a meaningful self-narrative through which the individual gains a sense of competence in managing the affairs of life. In shaping disjointed events of which the person is more or less aware into a self-authored account, the individual achieves a sense of mastery of self agency.¹³

Holmes points to the work by Fonagy (1991) and Bretherton (1991) in which the adult attachment interview is used to elicit a narrative account of the individual's childhood

experiences. Secure attachment is related to the ability to tell a clear and coherent story while insecure attachment is indicated by the inability to give a consistent picture of past events. The actual content is less important than the emotional tone and the capacity to provide narrative unity, to ascribe meaning to what otherwise would be the disordered stream of events comprising a person's life (Holmes, 1993:146). The contents of this narrative may change over time. Events may come to hold more or less significance as the conceptual framework brought to bear on the information changes. However, what remains critical is the capacity to provide order, to fashion a coherent interpretation of one's experiences. In this conception, the secure base offered by the parent represents the foundation upon which subsequent meaning is based. The absence of such a stable point of reference undermines the capacity to shape a cohesive self-narrative.

Here an hermeneutic conception of attachment theory converges with my critical interpretive perspective with its notion of identity as the central organizing principle, a locus about which it is possible to organize and order events to provide a uniform account. Lifelong insecure attachment is suggestive of ontological insecurity, one of whose characteristics is the lack of "a consistent feeling of biographical continuity" (Giddens, 1991: 53). Although Bowlby's perspective is that of empirical science, his discussion of working models is compatible with Sartre's concept of fundamental deviation (Sartre, 1963/1968), Turner's root paradigm (Turner, 1974) and Bourdieu's habitus (Bourdieu, 1980/1990). These latter terms chart a middle ground between the essentialist notion of the self favoured by modernist humanism and the decentring of the subject by poststructuralism (Marshall, 1994). They enable a conceptualization of attachment as reified social relations ¹⁴, critical encounters that continue to reverberate through an individual's current behaviour. As fixed patterns, these internal working models are resistant to change but are able to be surpassed in certain circumstances. They may constitute the dominant manner by which a person relates to the world. They also may be residual in nature, emerging to prominence only when the individual faces conflicting demands or similar destabilising challenges to selfhood.

Social Considerations

As should now be evident, attachment theory accommodates a wide range of interpretations within its fold. Certain individuals regard the impact of childhood neglect or abuse as one of a number of factors which increase the

potential for insecure attachment rather than as the single cause of future difficulties (Brown and Harris, 1978; Holmes, 1993:124). Others elaborate this view by arguing that the combination of insecure childhood attachment, ineffectual parenting styles and social disadvantages such as economic hardships, single parenthood, and exposure to family violence produce conditions in which behaviour difficulties are likely to arise (Jaffe et al., 1990; Rutter et al., 1970; Crossroads, 1994).¹⁵ The internal working models formed under these circumstances will shape relationships later in life, whether as parents, wage earners, community members or citizens. These interactions, in turn, will have an impact on economic and cultural conditions which will influence the well being of subsequent generations (Holmes, 1993:204).

A variation on this perspective shifts the emphasis onto the decisive role played by broader social factors – poor housing, unemployment, poverty, educational disadvantages, etc. These social indicators are judged to mark the boundary between the secure and the marginalised in society. This economic, political and cultural division represents a social construction of uncertainty (Marris, 1991) which has no less profound effects on feelings of attachment and stability than familial experiences which have been consolidated into an habitual attitude. In conditions of social inequality, security and stability become commodities, appropriated by those with adequate means and used as a lever to propel the less fortunate towards the periphery of the social mainstream (Marris, 1991; Holmes, 1993:208). Ideologies serve to mask these inequities, further pushing the existence of social oppression and exploitation from conscious awareness.

The latter account is some distance removed from the social analysis offered by Bowlby in which all instances of aggression can be attributed to the maladaptive response of the insecurely attached to loss or the possibility of loss (Holmes, 1993). Bowlby evidently imposed lessons from his exploration of interpersonal dynamics onto the broader social realm, reducing the latter to the former as a result.¹⁶ The alternative need not be the favouring of the other pole of this dichotomy, exemplified by orthodox Marxism which dissolves all distinctions in the vat of class conflict. Marris' portrayal, for example, captures the tension between the individual and the social, the personal and the political, acknowledging the mutually constitutive relations between the realms of meaning but refusing to collapse the one into the other.¹⁷ Instead, it suggests replacing the quest for master meta-narratives with the articulation of "a plurality of critical theories" (Marshall, 1994:149).

This critical modernist perspective proposes that we require distinct moments of analysis to do justice to the heterogeneous social constraints that confront each individual. For example, Marris' social construction of uncertainty is comprised of economic, political and social components, each one of which penetrates the others and is penetrated in turn. The autonomy of any one component is relative to its specific situated position in this ongoing dynamic. Consequently, each one must be understood within a socially and historically grounded dialectic. The issues raised by attachment theory are vital features of this complex but, by no means, capture social reality in its entirety. We turn now to an examination of how the Facilitating Program addresses this challenge.

The Facilitating Program

Attachment theory provides the Facilitating Program with its distinct perspective on the predicament of youths identified to be conduct disordered. The internal documents produced by the Program offer a general overview of its approach:

The [Facilitating] Program is primarily based on the notion that a bonding injury or attachment failure of some sort has occurred in disaffiliated youths, and that this problem is chronic in nature and likely to require long-term care. The program is not a treatment program and, in fact, avoids conveying the expectation that there is a short-term cure for these difficulties as empirical research indicates that it is more realistic to view these disorders as chronic conditions. Rather, the program is designed to intervene with a youth's entire ecology and to promote an understanding of the youth's needs from an attachment-based perspective. This goal is achieved through the development of a care plan, which details attachment issues involved in the current clinical situation for the youth and outlines a plan of care for youth throughout the period of adolescence. [Community support] and [hiatus] services are provided to assist the community in the implementation of the care plan. The extent to which this approach is expected to lead to behavioural change depends on both the nature and severity of attachment disruption in the youth and the flexibility and adaptability of the ecology in responding to his or her needs (Crossroads, 1992b:7).

In a subsequent journal article, the Program includes a synopsis of Alan Kazdin's review of current literature from which it suggests "that therapeutic strategies that are geared toward the alteration of the youth's immediate and wider social environment are among the most effective in responding to the needs of troubled adolescents" (Crossroads, 1993:420). The article goes on to state that:

[t]he fact that conduct disorder almost always occurs in conjunction with symptoms of other psychiatric conditions has important implications for understanding and responding to the needs of this population. An alternative perspective on conduct disorder is that it may be understood as one feature of a more general underlying problem related to the development and maintenance of attachment within interpersonal and social contexts, rather than as a distinct disorder per se (Crossroads, 1993:421).

The article proceeds to describe the Program and to present an evaluation of its effectiveness in lessening the symptoms of conduct disorder as well as those of oppositional defiant disorder, depression, separation anxiety, attention deficit hyperactivity and overanxiousness. This discussion is preceded by a statement of the Program's guiding beliefs:

Several principles which are drawn from attachment theory, object-relations theory and self-psychology underlie the operation of the program. First, we adopt the view that early experiences become solidified into representations of the self and other that then guide interpersonal functioning and give meaning to behaviour of the self and others. Two processes are central to the development of attachments: affiliation, the feeling of belonging and being connected with others; and mutuality, the understanding that actions and feelings of one person affect others and vice versa. These processes ensure bonding to early caregivers and subsequently to others. Second, we adopt the perspective that all behaviour has meaning. The labels that are typically used to describe behaviour (for example, normal versus abnormal, good versus bad, healthy versus sick) often distract attention away from understanding the psychological meaning and interpersonal intent of behaviour for the individual and the observer. Third, we see behaviour as reflecting a unifying set of intentions designed to maintain attachment and affiliation. Regardless of how behaviour may appear or how socially desirable it is, we tend to think of it as having a common goal of maintaining affiliation and ensuring security and survival. From this perspective, biological, familial, social and psychological factors contribute to the process of securing attachment, and all of these factors interact in determining success or failure in this regard. Fourth, we hypothesize that insults to attachment are expressed behaviourally and influence the capacity for affiliation and mutuality. Once an attachment representation develops, it can be added to, but it is impossible to subtract events once they have occurred. Change occurs through the assimilation of new self-other experiences and accommodation of attachment representations (Crossroads, 1993:423).

Within a year, another article appeared which extends the period of the Program's post care plan evaluation from 6 months to 18 months. It also broadens and deepens its presentation of the possible impact of the social context on the formation of the insecure

attachment. In particular, mention is made of research findings centred on the family histories of youths diagnosed with conduct disorder:

First, numerous studies exist that consistently show that family adversity, most notably low socioeconomic standing, single parenthood, parental psychopathology and exposure to family violence and aggression is related to the development of conduct disordered behaviour [Webster-Stratton, 1990; S. B. Campbell, 1990; Jouriles et al., 1989; Rutter et al., 1970]. Second, there is a well established relationship between punitive and inconsistent parenting practices and to the development of conduct disorder [Bates et al., 1991; S. B. Campbell et al., 1991; Patterson, 1986] It is the combination of insecure attachment styles with inadequate parenting styles (for example inconsistency, lack of warmth, poor limit setting) and family adversity that is most likely to increase the probability that behavioural and emotional problems will develop [Lyon-Ruth et al., 1989; Greenberg et al., 1993]. Exposure to adverse experiences during critical periods may have a profound impact on attachment styles. If children are exposed to high risk environments during critical periods they may be more likely to suffer from attachment related problems than if they are exposed to these environments at other times (Crossroads, 1994:360-361).

The article concludes with the observation that additional research is required to determine the precise nature of the relationship between biological factors, high risk environments, management strategies of parents and the onset of behaviour problems (Crossroads, 1994:368). How the Facilitating Program elects to address these concerns will offer insights into the probable political consequences of its interventions. To this end, I turn to a critique of the production of facts by its various departments and the attitudes and practices of its principal players.

CHAPTER SEVEN -- SOCIAL HISTORY

Chris' referral to the Facilitating Program came about as the result of a longstanding history of difficult behaviour", Ken begins, reading from the typed document on the table in front of him. Of the four reports to be delivered this morning, Ken's social and family assessment is the longest. Over twenty pages of single spaced typing, it attempts to offer a comprehensive, systematic account of the events of significance in the life of Chris and his parents. Each of the departments represented at today's conference received a copy of this assessment during the first week of Chris' stay. Chris' mother and his social worker, on the other hand, are learning of its contents for the first time. After some introductory comments about Chris, the initial pages focus on the parents, his primary care givers:

Chris has been diagnosed as having an Attention Deficit Hyperactivity disorder and has had chronic problems managing his school environment as well as his peer relationships. He constantly gets into trouble due to aggressivity and angry, defiant, tempestuous behaviour. He is engaged in delinquent activity and there have been concerns about fire setting. In addition, he has been sexually abusive to his sister. Until being taken into the care of the Social Services Ministry, Chris was living with his mother, Karen, age 32, and stepfather, Bob, age 37, in Castle Rock, an unincorporated village near Jessop. Bob is employed as a backhoe operator while Karen is presently a full-time homemaker. The following information is based on a four and one-half hour interview with Karen and Bob on January 3 in their home. The purpose of the interview was explained to them as was the way in which the information would be used. In addition, I perused Social Service Ministry files.¹

Karen was born on April 7, 1959 in Sutton Flats where she was raised. She had two full sisters, two half brothers and three step-sisters. Her parents separated when she was about six years old and her mother remarried a man when Karen was 12 years old. He had three children from a prior relationship and then he and Karen's mother had two sons of their own. Of his prior three children, only one lived with the family. Karen described her mother as being quite strict and stubborn, providing clear limits and consequences. At the same time, Karen felt wanted and loved. Karen's father was an alcoholic and there was a lot of marital conflict due to his drinking. He was not a responsible provider. When he was not drinking, he was a laid back kind of person, but when he drank, he would be verbally provocative and abusive to his wife until she would fly at him and they would physically fight with each other. This was awful and traumatic for the

children. In spite of this, Karen hated her mother for leaving her father after they had been together for 15 years....

As Ken reads the report, I am reminded of the diligence that went into its preparation. I had accompanied Ken when he interviewed Karen and Bob, the evening spent in the living room of their secluded home being one of uninterrupted, intense concentration. As I listen to his voice now, I hear many of Karen's words, for Ken had been as attentive in capturing her actual phrases on paper as he had been in prompting her to be as clear as possible in relating her account. My own verbatim notes made that evening sit on my lap, their words echoing much of what is being said:

...moved a lot during the next few years, first to Lloyds after the initial separation and then returning to Sutton Flats before moving back to the foothills when Karen was nine years old. She was in different schools on a yearly basis, but found this reasonably easy to adjust to as she made friends readily. When Karen's mother married her second husband, the situation deteriorated for Karen. This man also drank and the children did not like him. Not too long after, Karen's two sisters left the home as a result of his rejection. Karen's mother sided with her new husband and closed her eyes to what he was doing to the children as she loved him. When Karen was 13 years old, her stepfather attempted to sexually abuse her. He also inflicted corporal punishment on her a number of times. His attitude was that it was better if the girls were not around the home. One of his daughters had accompanied him when he became involved with Karen's mother, but his other two daughters only visited on occasion. He did not treat his three children well either. Karen's mother and her new partner had two boys together. This was viewed as a miracle as all the other children were girls. These boys were spoiled and given whatever they wanted. Karen's stepfather's whole life was drinking with his buddies and he neglected his sons as well. They are now 16 and 18 years old and do not want to have anything to do with him. His daughters don't want to have anything to do with him either....

Ken skips the section of the report referring to the current situation of Karen's mother and her second husband. The two hours allocated to the care plan meeting do not provide sufficient time for a complete reading of the social history so he edits his presentation by omitting certain passages and summarizing others. As he continues, I notice occasional paraphrasing where Ken has attempted to encapsulate some of Karen's comments in his own words:

School went reasonably well for Karen and she involved herself in a lot of school activities. She found school easy and usually had average marks.

She was able to obtain grade 11 at school. During her adolescence, she did some acting out. Her stepfather kicked her out of the home when she was 13 years old and so Karen lived with her sister for awhile before returning home. This pattern continued. At age 15, she again was forced out of the home and lived with friends before moving home. When she was 16 years old, she was ejected from her home and went to the Ministry of Social Services who set her up in an apartment. Karen's mother would not advocate for her children, choosing her husband over her daughters. Karen became involved in drugs and alcohol on an experimental basis.... At age 16, Karen was living in her own apartment and going to school. During the summer, she went to Seton Rapids to see her father and he was supportive and caring of her....

At this point, the report shifts to Len, Chris' birth father, a section comprised of second and third party accounts. Karen evidently lost contact with Len some years ago so Ken must rely on Karen's recollection of comments made by Len and members of his family to piece together a summary of his upbringing:

According to Karen, Len, currently aged 38, was one of seven children who were removed from their parents as a result of their severe alcoholism and abandonment of the children on various occasions. Home life was terrible according to Len's older sister. The children were taken away after the house caught on fire and they were unattended. Len's only memory prior to age five was of his foster father raping one of the foster children. When he was five years old, Len was adopted by a nice, French family who were strict Catholics. There were four adopted children in this home which was located on a farm. The other children apparently developed normally, but Len had emotional problems. He became involved in alcohol, used and sold drugs and stole a car once. While in his adoptive home, he was involved in positive activities such as hockey and church.

The information on Chris' stepfather is equally brief. In comparison to Karen, Bob's childhood was relatively uneventful or he chose to present it as such:

Bob was born on June 7, 1955 and raised in Acton, the oldest of four children in the family. His mother took care of him. She was a very quiet, reserved kind of person who would not say anything unless she felt she had something to say. Nonetheless, she was warm and able to demonstrate affection. Bob's father was an outgoing person who was conservative, strict, and had high standards. He was clear regarding his expectations and consequences were predictable. The parental relationship was caring and loving and no conflict was evident. The family possessed cohesiveness and no abuse was indicated. Bob did not do too badly at school and finished grade 11. He also attended grade 12, but was unable to graduate. Bob left home at age 16, moving to Jessop where he obtained a job and an apartment. He stayed there for seven years, working for a door and window

company before obtaining a truck driving job. He then moved to Montrose for a couple of years, returned to Jessop, then moved to Hartley before settling in Edison. He was a long distance trucker and enjoyed that employment.

Ken then moves on to the section relating to Chris' family history, a year by year account of Chris' development and of events of significance in his immediate surroundings. This comprehensive overview is the backbone of the social history and family assessment, comprising fully three quarters of its length. Ken opens with a short summary of the events leading up to Chris' birth:

Karen met Len just prior to her 17th birthday. At first he was wonderful to her, but after several months she discovered that he was married and had two children. She was attracted to him as he was six years older than herself, was good looking, and treated her well. Karen had felt rejected by her mother and stepfather and so was vulnerable to the attention and praise Len lavished her with. She was very upset when she discovered that he had a relationship and gave him back the presents he had given her, slamming the door in his face. Nonetheless, he kept on calling her and coming around, giving "poor me" kind of stories regarding his wife. He indicated that he had no intention of staying with her and eventually did leave her. Karen and Len moved in together in the summer of 1976. For the first six months their relationship went reasonably well, but then Len began constantly drinking and doing drugs. He became physically abusive to Karen as well, being very controlling, jealous, and possessive.

The couple moved to a small town north of Quinsom named Tanglewood where Karen felt very isolated as it was a Germanic community that she obviously was not a part of. Len had the phone disconnected so that she could not call anyone and this further constricted her ability to locate any supports. Even if Karen would go get groceries, Len might physically abuse her and accuse her of being unfaithful. He had an obsession with Karen becoming pregnant, although she did not wish to do so. If he found her birth control pills, he would destroy them. She did not want to become pregnant as she realized that he had problems. In addition, he had not yet divorced his previous partner. Karen had illusions that she could help him with his problems.

One year before giving birth to Chris, Karen had a miscarriage during her first trimester due to Len's abuse of her. She was in hospital for one week as a result. Karen left Len repeatedly, but he continued to pursue her, express remorse, and promise her all sorts of things. Karen was in a vulnerable position as she had no supports, given that her father had moved back to Wynnona Lake. Len could also be kind and a lot of fun. After he abused Karen, he was apologetic and had presents and flowers. Karen became pregnant with Chris, although she had not wanted to become pregnant. She was happy about the pregnancy, but knew she would leave Len. During her

pregnancy, the abuse she received from Len was somewhat less. By then, he realized that she had enough of it and she was fighting back. Every day she would think of how she could kill him. After becoming pregnant, Karen was in hospital for five days as she was threatening miscarriage. She became so big and the fetus was so active that the doctor thought it might be twins. The birth was natural, although it was a dry birth. Labour lasted about 12 hours and was very painful. The doctor wanted to use forceps, but Karen would not allow this. Chris was born seven pounds, seven ounces. Len was present at the birth and was very happy regarding it. Karen was also happy as she felt that Chris was her child. She had "made him" and Len had nothing to do with it.

Chris was colicky during his first six months, but not having had children previously, Karen did not know the difference. She was a very over-protective mother who was constantly on the telephone to her doctor and rushed him to the hospital or the doctor all the time for normal kinds of things, as she did not know what was normal and what wasn't. She breast fed him for nine months and made a solid bond with him. She would put him in the Snuggli while she did her housework. Len was also good with Chris and helpful regarding his care. He was a little more respectful of Karen after Chris was born as he realized that she had decided to leave him....

When Chris was two months old, Karen got on a bus and returned to Lloyds. After about three weeks, Len came to Karen's mother place where she was staying and wooed her back. It was difficult for Karen to stay with her mother as her stepfather was not accepting of her. She returned to Tanglewood and stayed until Chris was seven months old. Then she went to Social Services and they put her up in a shelter. Leaving Len was a terrifying experience as he said that no one else would have her and that he would get his son back. A couple of days before Karen left, Len grabbed Chris and locked himself in the bathroom with him. This really scared Karen, as she did not know what he was planning to do. As far as she could tell, he didn't do anything to Chris at that point. After Karen left Len, she let him have visiting rights but he constantly abused them. One night he called her saying that he would kill himself. Karen called the police who found Len by the river in an unconscious state, having taken an overdose of pills as well as alcohol. He was in hospital for quite awhile after this. The Ministry demanded that he pay child support, but he refused to do so unless he and Karen had a better relationship. At that point, Karen decided that she did not want Len to have anything to do with Chris anymore. This was when Chris was about two years old. During his first year, Chris exhibited normal development. He walked at age one and was a pleasant and happy child. He was extremely active, laughed a lot, and was very chubby....

The description of a happy, active child continues through Chris' early years. Toilet training was reported to be uneventful. Nevertheless, Karen observes that Chris continued to wet his bed three or four times a week until quite recently. By the time he was two, Chris

was very active and Karen found it difficult to keep up with him. Meanwhile, she had become involved in a relationship with a bricklayer. He was frequently unemployed and had outstanding debts, so Karen worked to support herself and Chris and to help him out. His work was so sporadic that she basically was the main provider for the family. She also attended university as a mature student in the field of journalism. She had enrolled Chris in a daycare when he was three years old, so she would drop him off before attending her morning classes. Her job occupied her from early afternoon until 9 in the evening with her companion providing care for Chris during the late afternoon and early evening. Karen found this schedule too taxing and she realized that she wasn't spending enough time with Chris.

About this time, Chris was sexually molested. His mother had placed him in a private day care which had been recommended to her. This woman had a 16 year old son and Chris told his mother that this boy had "chased his body". After he repeated this a few times, his mother asked him to show her with a Smurf what the boy had done and Chris indicated that the boy had oral sex with him and had threatened him that snakes would get him. Karen immediately removed Chris from the day care and confronted the day care mother on this, who denied the allegations. As Karen had no evidence or witnesses, she was unable to press charges. She talked to Chris a lot about sexual abuse after this. When Chris was five or six years old, his female cousin, who was one year older than himself, indicated that he had pushed her nightgown up and had her down on the bed. She was in distress about this.

Karen ended her attempts to further her education as she found it too demanding to go to school and work at the same time. She had been able to control Chris up to this point in his life by speaking to him in a stern voice. She had never spanked Chris but her male partner did on a fairly regular basis. Karen disagreed with this approach and argued with him about his harsh punishment of Chris for inconsequential misbehaviour. Karen noted that Chris had become aggressive towards other children and she wondered whether this change in behaviour had to do with the spankings. Karen chose to leave her partner because of his harsh treatment of Chris, meeting Bob when Chris was still in kindergarten. They married in 1985. Karen reported that Chris accepted Bob readily and that Bob did not find it difficult to adopt a parental role with Chris. Chris was becoming very disruptive in kindergarten and would not stay still for any length of time.

During grade one, the situation simply got worse as there was more sitting involved at school. Karen took him to the university clinic to see a child

psychologist who recommended that he be put on Ritalin after seeing him for 15 minutes. Karen was upset about this diagnosis and yelled at the psychologist, refusing to put Chris on drugs. She then saw a child psychiatrist, who put Chris through a number of tests and came to the same conclusion. Not satisfied with this, Karen saw a number of other professionals who had similar recommendations and she finally capitulated, although she felt that Ritalin was barbaric. Chris was not accomplishing anything in school and so she tried Ritalin for two weeks. His performance at school was totally different as it was much improved. He was not placed on Ritalin at home, where he continued to be very active. At school, his social relationships also improved as he was less aggressive....

During his elementary school years, Chris' behaviour swung between difficult and uncontrollable. The situation at home was little better as he became increasingly destructive, rolling a barrel into a parked car and chopping down trees outside their apartment complex. The family was evicted as a result. A school expulsion and another eviction prompted a move to a smaller community away from city pressures.

Chris took grade four but had a terrible teacher who was physically abusive to him, doing such things as kicking Chris on his legs and hitting him on the head, in addition to giving him a fat lip. Karen confronted the teacher in regard to this, but he denied abusing Chris. Nonetheless, Chris kept coming home with bruises and saying that the teacher had hit him. He was eventually removed from that teacher's class. One day that teacher had another boy down on the ground and was kicking him and so the teacher was eventually removed from school.

Chris also suffered a second episode of sexual assault about this time. Chris stated that he had been involved with a 65 year old man whom he named and that this man had fondled his penis several times. Karen had been leery about this man long before, as he was very friendly, lived by himself, and had boys going to his place for treats. He apparently had lived in a number of communities under aliases. Charges were laid against the man and Chris took the stand to testify against him. The judge yelled at Chris, declaring that Chris couldn't testify properly as he didn't know what God was. Chris was almost in tears and the experience was traumatic for him.

After this, Chris' behaviour got worse. Karen was open with Chris about this episode and reassured him that it wasn't his fault, but Chris kept on becoming more violent. He had severe tantrums in which he would break things and hyperventilate:

Karen wondered whether Chris' tantrums had anything to do with the epileptic-like fits that Chris' father had succumbed to periodically. Their onset usually coincided with alcohol use and seemed unrelated to being

angry. On one occasion, he had been sent to jail due to his destructive behaviour while in this state, the court doctor having determined that he was in control of his actions.

Chris' younger sister was born when Chris was 8 and he responded well to her arrival. Nevertheless, his aggressive, disruptive behaviour continued in school and an incident of fire setting was also noted. It was about this time that Karen took Chris for psychological counselling where she was advised that Chris' father was psychologically part of Chris' life:

Since Karen could not cope with Chris, she called Len and he talked to Chris. The following summer, Chris spent three weeks with his father in Jordan Bluff. This was very hard for Karen to do as she was not sure that Len would send him back. Chris had always threatened to run away and live with his father and his mother felt that maybe he should live with Len. She did not get a lot of information about what happened while Chris was with his birth father, but after visiting his father, Chris no longer threatened to run away to him. Prior to that summer, a child care worker, Lonnie Varko, was employed to assist Chris. Lonnie felt that Chris' experience with his birth father was a stabilizing experience for him.....

The family was thrown into turmoil during the early summer of that year. Bob had taken on the job of backhoe operator outside of Jessop and was frequently home only one day each weekend. Karen was continuing to work and attempting to prepare the house for sale. She found herself to be short with Chris, feeling too stressed to employ her new parenting skills. Chris continued to display erratic behaviour, hitting either himself or his sister when he became frustrated. He physically attacked his mother as well and on several occasions stole from local stores and neighbouring homes.

It was during this period that Chris and a boy two years older stole a car and drove to the next city three hours away. The theft showed a considerable amount of premeditation. Chris later stated that he was terrified throughout the episode but that he chose to follow through with their plan. He acted remorseful upon being caught. The incident was sufficiently serious for Karen to elect to continue Chris' use of Ritalin. It was shortly after this episode that the house was sold and the family relocated to Castle Rock, a small community a short distance from Jessop:

When Karen moved to Castle Rock, she decided to give Chris a fresh start and try him in a regular country school, although Chris' former principal suggested another alternate school. Karen was concerned that Chris was

being unduly exposed to bad influences within the alternate setting. Chris did well in Castle Rock school for the first couple of months and tried very hard. His parents bought him a motor cross bike and there were no major problems at home for awhile. Then Chris began to act up in school and become less controllable, so the principal recommended that he be transferred to an alternate program in Castle Rock.

Chris was connected with incidents of fire setting and theft during this period, but the police concluded that there was insufficient evidence to press charges. Now thirteen years of age, Chris continued to be defiant in the face of expectations at home, his actions on one occasion so provoking his mother that she began hyper-ventilating. With this episode, Karen realized that she could no longer take the stress and called Social Services for assistance:

In September, Chris was taken into care under a Short Term Care Agreement (S.T.C.A.) and placed with Brenda Quest, a foster mother who had 10 children in her home. While the situation at home had been leading up to the need for a placement, his removal from the home was precipitated by his sexual abuse of his sister. Karen heard Amy crying one day and looked out to see Chris doing up her pants. She heard him tell Amy to tell Karen that she had stepped on a prickly. When Karen asked what was going on, Chris stated that Amy needed to go to the bathroom. Karen sent Chris to his room and he yelled and screamed there. She was so angry that she felt like slapping him. Karen took Amy into a room and she revealed that Chris had pulled down her pants and spit on her. Amy also indicated that Chris had tried to penetrate her. Chris' abuse of Amy had apparently occurred on a number of occasions. After this disclosure, Karen called Social Services and insisted that Chris would have to leave the home.

Ken stops reading and turning to Karen says, "It seems that the R.C.M.P. were reluctant to press charges but, apparently, they eventually complied. We'll need an update on this because I don't have any more details." "It has gone before Crown," interjects Bill Steele, Chris' social worker. "He has a court hearing on March 18th."

Ken nods and makes a note on a pad in front of him before resuming his presentation. He recounts that, subsequent to this incident, Chris was placed in a classroom with two teachers and six other children but was unable to maintain his behaviour. Ritalin appeared to cause Chris' defiant behaviour to escalate, so anti-depressants were prescribed instead and improvement was noted. Ken observes that, according to Jim Hansen, Chris' new child care worker, Chris liked the foster home. This was despite the fact that it was chaotic due to the large number of teenagers present, two of whom were diagnosed as

being attention deficit in addition to Chris. He continued to display his anger, punching walls and threatening suicide:

In the foster home, he has had nightmares on a number of occasions and has yelled and screamed. His foster mother has seen him in bed with his rear in the air screaming that his bum hurts. This has led the foster mother and others to speculate that the sexual abuse he received was more severe than he disclosed. At home, he will also yell for his mother in his sleep. She will run in, but find him asleep. As far as Karen is aware, Chris is not sexually active. Last year one of his biggest problems at school was girls pursuing him. In regard to self-destructive activities, for a long period of time he threatened to kill himself. He told his foster mother that he had tried to cut his wrists, but was afraid it would hurt too much. He has told his mother that he hated himself, he was dumb and did not want to live anymore. He has engaged in some high risk behaviours such as walking down the middle of a bridge late at night.

During one suicidal gesture, Chris was hospitalized temporarily but his breaking of a window and other abusive actions resulted in his discharge. Incidents of breaking and entering and the theft of fireworks have led to additional charges being laid. School outbursts continued to the point that he was permanently expelled from all schools in the district. Throughout this period, Jim Hansen continued to work with Chris, claiming that he has established a good relationship with him:

Jim is slowly dealing with the issue of Chris' sexual abuse. Chris declared that he obtained his knowledge about sex from girlie magazines which he and his friend hid in the bush. Jim has taken a very supportive stance to Chris and has avoided engaging in a struggle for control. This has been very useful as Chris is trusting Jim. Jim feels that Chris is very observant and has excellent insights into people. He is very connected to the professionals who are working with him. In spite of his attention deficit, Chris is able to sit in a one-to-one situation for periods of time and concentrate on the matter at hand. Jim has Chris do a lot of written work with him and Chris can express his thoughts in this way. Chris likes drawing and apparently has some artistic ability. His foster mother also provided him with drum lessons, which he liked.

Ken reports that Chris lived with his family for the ten days prior to coming to the Facilitating Program. His mother is willing to have him return home when he is discharged from the Program, but his social worker doesn't think that this is a good idea. The social worker is equally concerned about Chris' current placement due to the number of teenagers in the foster home and the possible negative effect they can have on Chris.

"That's about it for factual information," Ken says, looking up from his reading. "Now I'll make some of my own comments." He starts with a section dealing with family functioning. The commentary made here is relatively brief, the entire section filling two pages of his report. The discussion of problem solving begins with the assertion that the family has exhibited many strong skills in this area, beginning with Karen's protracted but ultimately successful efforts to escape from her relationship with Chris' father. Her qualities of vigilance, protectiveness and advocacy on the part of her children are cited. Karen's willingness to seek professional help, to consider seriously their counsel and to research Attention Deficit Disorder are given as examples of these capacities. Bob's contribution is portrayed in more modest terms. The family's perceived middle class life style is judged to be primarily due to his steady employment at a well paying job. Karen's work activity is mentioned as well, its rhythm dictated by and subordinate to her involvement with the children.

Karen and her daughter are characterized as being the verbal members of the family with Karen's clear, focused and congruent style contrasted with Bob's slow flow of words and meagre descriptions of events. Karen considers that she and Chris communicate well with one another and that Chris understands what she says. Bob is less expressive towards Chris than is Karen but Chris looks up to Bob and attempts to hide his misbehaviour from him. Chris' abilities to process and respond to information are considered to be hampered by his attention deficit.

Roles are seen to be clear and to be divided along traditional lines with the family income virtually the exclusive responsibility of Bob while home and child care occupies Karen to a similar degree. Whereas Bob appears satisfied with this arrangement, Karen is under pressure and lacks time to pursue her own needs. Chris' helpfulness fluctuates according to whether he thinks he will benefit from his efforts. He demands immediate rewards. Cooking is one activity which he enjoys, showing a capacity to prepare food effectively with a demonstrated skill in presentation:

The family has been affectively stressed for some time. While Karen was together with her first husband, the level of distress was very high due to the abusive nature of that relationship. Since marrying Bob, the level of affective satisfaction in the relationship has been fairly good. The dominant stressor has been coping with Chris' behaviour, and this has put a great deal of pressure on all family members, particularly Karen, although Amy also has paid a high price emotionally. The family has suffered a loss of community support due to Chris' disruptiveness and this has resulted in the family

feeling somewhat emotionally isolated. However, there is some extended family not far away and this is a source of support for Karen. Chris has obviously suffered a high level of affective distress given the degree of censure he has experienced within the school and community setting.

Ken turns to behavioural controls, opening with the statement that Chris' poor grasp of the link between action and consequences has made providing appropriate discipline a difficult undertaking. Chris' remorse appears to be genuine. However, his continued misbehaviour results in others being unhappy with him. Private talks prove to be of little avail. Positive reinforcement and praise can be effective but can lead to further difficulties if over done. Karen is the principal disciplinarian but Chris is more attentive to Bob's remarks. Despite Chris' efforts, his parents remain relatively united in the area of discipline and are supportive of one another. Bob is more easily given to impatience with Chris, requiring Karen to intervene on her son's behalf. A more equitable balance of disciplining was suggested as Karen is unduly pressured due to Bob's relative passivity in this area. Ken's report draws to a close with the final three pages devoted to an assessment of the family's structure and organization, parental relationships and parent/child relationships. Throughout his 30 minute presentation, he has been uninterrupted, the participants in the meeting remaining silent and attentive throughout.

The structure and organization of the family is fairly clear, but it has experienced some structural distress. While boundaries have been fairly intact, they have been violated on occasion, particularly between Chris and his sister. In terms of sub-systems, Bob and Karen comprise one distinct sub-system which is quite strong. However, it is unbalanced in that Karen is almost exclusively responsible for the child care. This detracts from the executive strength in the family. Chris and his sister comprise another sub-system which has had some cohesion, however trust has been violated and Chris must be very closely watched around his sister so that he doesn't further victimize her.

Karen fell into the classic trap of being victimized by her spouse, thinking that she could change him in spite of his faults. Once she became entrapped in the abusive situation, Len made it very difficult for her to escape as he deprived her of sources of support. She ultimately realized that the situation would not change and that she did not want to bring a child up within that context. However, her attempts to provide contraception were sabotaged and she did become pregnant. She had no illusions about raising a child within that environment and knew that she had to leave as soon as possible. She managed to gather the strength and fortitude to do this, although at considerable risk to herself. Although she cut off contact with Len due to his unreliability, she could not escape his presence as she continued to

remember his threats to her when she left him. She continued to fear that Len would locate her and attempt to abscond with Chris, resulting in her being vigilant. When she finally contacted Len again, it was with a considerable degree of trepidation and, although she permitted Chris to visit him, she was not sure that Chris would be returned.

Karen and Bob present themselves as having a solid, committed, and a caring relationship. Bob volunteered that he has grown to love Karen very much over the years. Both Bob and Karen expressed support for each other and made no critical remarks about the other. Their relationship appears to be mature and well established. Karen expressed surprise and appreciation that Bob has been as patient and tolerant of Chris as he has, declaring that if she had been in his shoes, she would have walked away a long time ago. She sees Bob as having really tried in regard to Chris. Karen has been told that she needs an outlet for herself and should get away two or three times a week for her own mental health, but Bob doesn't seem to understand this. Given that he is away from home so much, he does not appreciate the degree of tension and stress involved in the ongoing care of Chris. Karen is open with him about what happens with Chris and he is understanding regarding this, but, nonetheless, his experience of Chris is very different than that of Karen. He does not have the time to go to the many meetings that Karen attends regarding Chris and he has been able to involve himself heavily in his work environment, something he apparently enjoys.

Chris used to fantasize about his birth father, wanting to see him. His mother has been quite open with him about the situation in the home and about why they are no longer together. It appears to have been helpful to Chris to visit his birth father for several weeks one summer as this dispelled some fantasies for him. Since then, he has not been threatening to run away to see his birth father. The circumstances of his birth father are not well known at this time.

Karen is obviously the central care giver in Chris' life and has been extremely committed to him throughout the years. Although he was born at a very difficult time in her life, she has been unwavering in her commitment to him. She obviously loves and cares about him and has done her utmost to provide for his needs. She still believes in him and did not negate him or refer to him as a bad person in spite of everything she has been through with him. She has avidly read material about Attention Deficit Disorder and has come to an understanding about what she can expect of him. She noted that her expectations of him are not high. Fortunately, Chris does have engaging and attractive traits which draw people to him. His social worker also feels warmly about him and this is certainly helpful. Karen realizes that she has made mistakes along the way in her care of Chris, but does not appear to negate herself for this.

Bob is still amazingly supportive of Chris given all that he has been through. In many such situations, the step-parent forces the birth parent to make a decision between himself and the child, but Bob has not done so. While Bob

noted that he has done a variety of things together with Chris, such as going to Cubs and having holidays together, Bob's involvement with Chris has been fairly low given that he has been away from home a great deal. More than one child care worker felt that Bob's absence from the home was a crucial factor in Chris' distress. It has been noted on the three occasions where Chris has been provided with a male child care worker that his level of functioning has improved and he has greatly enjoyed their relationship. He is quite capable of attaching himself to people and responds well to a one-to-one relationship. It has been felt that if Bob was more active in providing this, the child care workers would not have needed to be involved. Certainly, Chris is open to involvement by Bob and this obviously would be beneficial for him. However, it is not likely to happen to any great degree. Bob states that, in his present employment, he does not have the luxury of booking off at a certain time as he is the only operator for the backhoe and has to stay with the job until it is done. Given that he is in the field of construction with other trades dependent on his work, he has no choice but to finish the job off, however long that takes.

The couple deliberately chose their present environment in a rural setting in order to minimize Chris' ability to get into trouble. Doubtlessly this has been helpful, but it has not had the effect they had hoped for. However, it seems that the community the family is in is more supportive than previous communities they have lived in. Chris' relationship with his sister is of considerable concern at this point as he teases her, negates her, and is jealous of her. He derogatorily refers to her as her parents' "perfect angel". Karen emphasized that she loved both children the same and that Amy is by no means perfect. Nonetheless, she has been fairly well adjusted and has done well in kindergarten. She does show some signs of insecurity in that she continues to suck her thumb. Amy is a quiet child who is excellent at entertaining herself. She has definitely lost attention from her mother because of Chris, as he has been so demanding that he has required intense intervention. Karen engaged Chris in every activity and group she could think of in order to try and keep him constructively occupied. She has gone to countless meetings in regard to Chris and often has taken Amy along with her. Amy is closer to her mother than to her father, which is not surprising. Karen noted that she praises both children and does not do a good child/bad child split. Amy is able to play well with other children, but gets very frustrated with Chris at times.

Karen noted that Chris has a number of assets. He likes art, draws very well and likes to cook. When he cooks, he can do it artistically and will put effort into the presentation. He is also good on computers and is excellent at Nintendo. In spite of his enormous difficulties there, he has never skipped school and is presently scared that he may not be permitted to return.

"Thanks, Ken. Are there any questions or comments people want to make at this point?" The psychiatrist slowly directs his gaze towards each of the participants in turn.

"No? Well, let's go on to the report from psychology then...."

The social history is, arguably, the single most important document in the formulation of the care plan. It provides the basis for each of the reports presented by the various departments at the care plan meeting and it is the only report which is routinely consulted by the psychiatrist prior to the meeting. The significance of the social history was made clear to me on one occasion when the psychiatrist appeared moments before the meeting was scheduled to begin. Keith asked the staff members present whether the document had been circulated. It was quickly determined that he was the only person who had not received a copy. Keith borrowed one and excused himself, explaining to the arriving community representatives that he had been called away on "an emergency consultation". The written social history apparently provides him with sufficient context to situate the verbal reports presented during the two hour meeting and to dictate the plan of action at the end of the meeting.

A youth's social history is a document is 20 - 25 single spaced pages in length with much of its content derived from a single interview. The social worker spends, on average, five to eight hours in consultation with the parents or care givers of the youth. Efforts are made to put the individual's biography within its social context by inquiring about noteworthy occurrences that were taking place within the family and immediate community. This account is later supplemented by a variety of reports and files gathered from the referral agency, school, doctors, etc. The nature and quantity of these reports varies widely, depending to a considerable degree upon the length and degree of involvement of the consulting agencies.

Chris' words do not appear on the pages of the social history. Instead, the participants in the care plan meeting are offered a composite picture of Chris as represented by various significant adults in his life. ² Chris' portrait is based on information compiled by the social worker from his conversation with Chris' mother and his step father and from his reading of the various files which document Chris's contact with professionals. From these contributions, the program social worker fashions a coherent narrative, a type of "authorless" text. While its assembly and rendering remain the undeniable product of the social worker's labour, the constituent elements are gleaned from a variety of sources, the exact origins of which become blurred in the telling. The end result is a picture of the teenager cobbled together from evidence produced by a variety of theoretical frames, the precise nature of which remain hidden from view. The document produced and circulated by the social

worker situates this information within a format compatible with attachment theory. And with this representation, "[r]ational and real become one" (Gramsci, 1971:447-448).

Indeed, we have what appears to be a neutral, impersonal reciting of objective facts. Conventional wisdom would tend to support this type of construction, composed as it is by an employee of a state health agency who has consulted both the immediate authorities -- parents or care givers -- and the other state sanctioned personnel (teachers, family physicians, social workers, consulting psychologist, etc.) After all, these individuals are entrusted by the prevailing cultural logic to act with benevolence and with scientific rigour.

The possibility that pronouncements by an established professional authority may not accurately represent the identity and interests of everyone concerned is seldom called into question. Those most knowledgeable of their practice -- namely, the professionals themselves -- are disciplined by their training to become inured to the possibility that detrimental unintended consequences may result from their well intentioned, skilled actions (Waitzkin, 1991:23).³ In addition, the legitimacy of the professionals relies to a considerable degree on the continued appearance of being above criticism. Similarly, colleagues in allied fields who are well situated to pass judgment can ill afford to become too aware of or too vocal about the shortcomings of their counterparts across the hall or in other government departments across town. The symbiotic association of professional disciplines and the various departments of the state may be a relationship only consolidated since the early years of this century. However, it is a mutually supportive and protective arrangement based in no small measure on a shared stake in common economic and political fortunes.⁴ Their career well being depends to a large degree on the public's perception of a competent civil service. This is no less true of political activists -- many of whom rely on jobs within state agencies for their economic livelihood -- who are less vocal than usual when it comes to commenting on the possible negative consequences of extensive state involvement in the affairs of the general population (Wilson, 1977).

The clients and their care givers are unlikely to marshal an organized protest. The former lack political power, experience and popular credibility. They are typically considered to be ill-equipped to speak for themselves, supposedly lacking the wherewithal of bona fide human agency. The latter are frequently desperate for immediate assistance and all too aware of their relative lack of power to challenge the opinions and conduct of the professionals to whom they have turned for benevolence and expertise. Certainly, they have little or no grounds to protest coercive actions on the part of their benefactors. The

professional-client arrangement is sustained by mutual agreement, the enabling condition of hegemony.

The similarities between a social history and an ethnographic case study are fortuitous. They invite further comparisons between the circumstances surrounding the care plan process and anthropological fieldwork. In fact, anthropology's recent experience enables us to cut through the common sense aura surrounding this everyday encounter to expose an entrenched power dynamic made all the more elusive by reason of the informed consent through which it is permitted – indeed, encouraged – to continue.

The Construction of Authoritative Texts

The translation of discourse into text is a common practice amongst ethnographers and Program staff alike and it has important consequences in both instances. In the case of the ethnographer, the resulting text often ceases to be directly associated with a particular interaction involving specific individuals at a precise moment in time. Distinct persons and identities are replaced by a representative cultural voice, a generalized or generic spokesperson for the group or culture in question (Clifford, 1988:39-40). The actual informants drop by the wayside as the ethnographer steps in to provide a coherent, authoritative account of what, in all likelihood, was a highly ambiguous, inconsistent exchange.

Stuart Hall indicates that social analysts must take pains to make it clear that their account is "authored" (Hall, 1992:12), the product of a particular person or persons who bring specific traditions to bear on the material. As Hall notes, one of the measures by which the explanatory power of a text can be judged is the degree to which the author is forthcoming with a clear statement of the theoretical perspective and the value assumptions which guided the document's creation. This inventory enables the reader to engage more fully in an informed, critical evaluation. However, the criticism can still be raised that merely by "imposing one meaning on events, narrative lends an account a certain unchallengeable authority or 'truth'" (Hall, 1992:12).

The social history embodies a similar decontextualizing dynamic. Comments on alleged incidents recorded in a youth's file by various professionals are routinely cited by the social worker as biographical facts. Their actual meaning for the youth remains unclear as do the circumstances which led to their inclusion in the youth's file. Second or third hand

allegations of sexual abuse at the hands of an uncle, a day care worker or persons unknown are duly noted. Yet the actual author of the entry, the identity of the alleged perpetrator, the precise nature of the violation, the surrounding circumstances and the accuracy of the overall account remain in doubt. Nevertheless, these notations comprise significant aspects of what comes to be viewed as the "Authorized Version" (Hall, 1992:12), the *de facto* "official" biography. It represents a form of free standing chronicle, an objective narrative in which truth is revealed rather than constructed. The interpreted nature of this account tends to recede into the background. The contributions of a multitude of authors "become" the person sitting across the room in the care plan meeting. The various incidents and episodes outlined in the social history are successive overlays, supplying the actual youth with a professionally constructed lived experience.

The Facilitating Program's head social worker is not unaware of the slippery nature of facts and of his own role in fashioning the final account. Here he speaks of the dynamics at play in a social history interview:

Facts at best are open to interpretation – I guess that doesn't make them facts. People remember things which sound like facts and so we construct our speculation based on that. But, indeed, these might not be facts in terms of conditions that occurred. The interpretations can vary widely between the people themselves. This is what often happens when you interview a couple who have separated. Often the facts that they propose will be quite different. Certainly, the interpretations will be very different. There is a body of facts but exactly what they are is quite difficult to determine. So then we are more into the area of speculation. In terms of the actual part of the social history where people identify facts, I don't make a lot of comment. It's just descriptive. During the history taking itself, we get a lot of impressions. However, there simply isn't time to go through in detail all the areas that we're going to cover, so I end up keeping my comments couched and qualified. Also, what someone relates to me I may record but very much disagree with. I may think what they tell me is probably not true and yet I'm in no position to say so. But it does mean something in terms of the interpretation.

While the social worker displays a sensitivity to the constructed nature of the social history, what remains troublesome in the completed document is precisely the *absence* of an account of these relations of production. Instead, we are presented with a reification of reality.⁵ The ironic twist is that this authorised version is effectively a de-authorised account. We are denied a sense of the social relationships which led to the designation of certain occurrences as facts. Entries in community social workers' files, teachers' reports, or youth

workers' notes tend to be disassociated from their origins. Remarks, allegations, impressions emerge as "brute data" (Taylor, 1971/1987:50). The people responsible for the various entries referred to in the social history become irrelevant. They are the mere chroniclers or scribes for what has been disclosed as real, rather than the actual creators or unwitting corroborators of a particular interpretation of reality. At this point, the youth being described is effectively transformed into an administered entity, the meaning of whose behaviour has been determined by decree.

Texts as Commodified Culture

An initial step towards "less false stories" (Harding, 1990:100) is the recognition of the actual sequence of events which results in the transformation of discourse into text. On the one hand, this interactive process necessarily involves a triple hermeneutic with the information being altered to some extent at each step in the interpretive encounter (Richer, 1988:409). On the other, contemporary social arrangements dictate that this process frequently entails the commodification of lived culture. In the terminology used to describe commodity production, the practical consciousness of everyday life corresponds to use value produced by humans through productive activities. Practical consciousness is socially produced, a product of the intersubjectivity of a particular community. The ethnography that results from the triple hermeneutic is considered to represent the anthropologist's individual appropriation of this social product. Through this appropriation, use value is transformed into exchange value (Richer, 1988) as the ethnographic text is published and distributed in the literary market place to garner financial profit and status, employment or tenure, what Bourdieu (1984) refers to as cultural capital.

In the case of the youths seen by the Facilitating Program, behaviour informed by practical consciousness has a use value specific to the circumstances in which they find themselves. With the designation of specific behaviours as markers of conduct disorder, psychiatrists have created an exchange value from these meaning creating practices. Now viewed as symptoms, the person's actions are dislodged from the context of purposeful activity, divested of personal meaning and reified as constituent elements or components of an identifiable, clinically significant disorder. What originated as meaningful, situation specific behaviour is transformed into decontextualized evidence of abnormal behaviour which the psychiatrists are funded to identify and to treat. The Facilitating Program differs

from this approach insofar as the application of attachment theory as a meta-narrative supplants the empiricism of the D.S.M. Yet the implicit designation of certain incidents as insults to attachment legitimizes the involvement of the staff as experts employed to identify and to attend to these particular facts. As the social worker makes clear, the social history is consciously designed to capture this information:

We essentially tried to come up with a number of instruments to measure things in the family. But we really weren't successful in finding anything that seemed to be really, truly workable. We looked at the McMaster model and that was helpful in terms of some of the criteria or some of the categories we look at in the social history now. It came from the McMaster model – the problem solving, family functioning area, communication, roles, affective response and behavioural controls. Those were the categories they used and they had mechanisms whereby you could measure that stuff. However, that seemed to be really much too limiting to be very meaningful for us. So we never did follow through on using the instruments but the categories have remained. So the meaning was established over time by practice. That helped with the analysis and in terms of the assessment.

I've had some training in family systems theory and it seemed to be a useful way. So I adapted structural family therapy analysis into my report. I picked that because they have some very simple concepts which are quite easy to apply and help a lot in terms of organizing one's thinking about the family functioning. The thinking behind family systems is useful in the analysis. Looking at one kid in the context of school, for example, we're trying to analyse the interplay of the children between children, rather than simply trying to analyse the child.

As I've become more cognizant, I've done more and more analysis of the family. I guess perhaps at the beginning I wasn't sure that was my role as the psychologists do an analysis but it's a different kind of analysis. The early reports had a lot more history and a lot less analysis. Now, they have a lot more history and a lot more analysis. What happened is that it simply has become a lot more detailed, more pages. I'm up to 15 to 30 pages. The latest is 30 pages which is a record – 9 hours worth [of interviewing].

Conduct disorder is a generic category. It is an unhelpful category. Acting out looks like acting out. But it is the reason behind the acting out that is very important. You really have to understand the child individually to understand where the behaviour originates. Otherwise, you can't construct what's behind the behaviour. That's why the extensive history. It involves constantly sorting through and making hypotheses to come up with what appear to be the salient issues. That's the purpose of the social history. It consists of not just arbitrary information, but specifics that have a bearing on the child and the child's behaviour – bonding, emotional climate, discipline (how clear, consistent vs. chaotic, laissez faire), anything traumatic, e.g. death of a sibling. A parent's exposure to similar trauma has a major effect

on how the parent is raised which will have an impact on the child. There is the assumption that if the parent had a caring upbringing, he or she could provide at least some aspects to the child even if in an abusive relationship occurred. What degree of nurturing are these parents capable of?

My thinking is heavily influenced by attachment theory. I'm also heavily influenced by family systems. The whole family is impacted by other family members' behaviour. I'm looking to describe the context including family, school, community. All behaviour is meaningful, so I'm constantly looking to interpret what the behaviour is. Multiple causation means that my work involves a considerable amount of detective work.

Characteristics of Conduct Disordered Youths

As the head social worker, Ken Lancaster plays a decisive role in the designation of the facts which appear in the social histories. Ken indicated a number of scenarios which apparently lead to the admission of an individual into the Program. He qualified his remarks with the observation that the Program rarely sees "a pure instance of any of these categories, that usually there are a number of things which impact on the child."

1. Mentally handicapped.⁶ This behaviour is equally disastrous [as conduct disorder] but its genesis is different. These kids require unique interventions due to their learning disabilities. How many we get I really don't know, but there do seem to be a number. Their behaviour appears to be linked to other problems. Kids who do well in their first years of schooling find that coping becomes more taxing to the point that they can't keep up. By early adolescence -- junior high, for example -- school becomes more demanding. These kids have compensated for so long and when those mechanisms fail them, you can see acting out behaviour. It is frequently hard to explain because no trauma is evident. Instead, it is a trauma of the coping mechanisms.

2. Attention Deficit with or without Hyperactivity. There is almost a standard sequence of behaviour which becomes evident in kindergarten. Up to then, behaviour is not out of the ordinary. The constellation of the behaviour is a lack of attention which results in a poor ability to learn. The kid can cope reasonably well for the first year or two but then her behaviour becomes disruptive and she becomes labelled as a bad kid. The source of the behaviour is not immediately evident. She feels bad about herself. Her parents become punitive, seeing the kid as willful, and the problem escalates from there. By early adolescence, she can't fit into her peer group, so gravitates to an anti-social group. Sometimes, behaviour improves when programs are put in place, but often the damage is so severe that effective intervention is difficult.

3. Sexual abuse. This is probably not a pure category. It is so common that it encompasses a high proportion of the kids we see, possibly 75 per cent. The nature of the abuse ranges from mild to profound and results in things like Post Traumatic Stress Disorder. Most of these kids appear to be stressed already with this event pushing them over the edge. This abuse results in self-destructive behaviour. Drug abuse and suicide are the major set of negative sequelae that result.

4. Abuse/neglect. This is a general category reflecting the fact that many of the families we see are quite chaotic. The child tends to be poorly socialized due to being parented by people from chaotic, neglectful upbringing. The parents have no positive models to apply to their own child. They tend to choose partners who are similar to their own parents. Often this pattern is quite entrenched and multi generational. Parents have no awareness of more positive models so are not aware of how far off the standard they are. These parents may abuse their children but they are proud because they abuse less than their own parents. They are frequently marginally employed, often with a history of substance abuse. They tend to move a lot and are often unable to provide basic needs such as food, shelter, and clothing. Their coping defences tend to be very primitive. The kids don't fit into the school or social arena and act chaotically. Their personal boundaries are poor. They frequently are involved in drug abuse at an early age. They leave home early and experience early pregnancies. They tend to choose partners who perpetuate abuse. They become victimisers or the victimised.

These comprise what the social worker considers to be the main categories of youths who come through the program. On the basis of these criteria, Ken agreed that Chris was not atypical of kids referred for a care plan.⁷ He then went on to speak of additional general characteristics common to a number of these individuals:

In many cases, we see kids who could cope reasonably well in the midst of a considerable amount of distress but they have experienced a number of extraordinary events which have pushed them over the edge. For example, you may have a child with an Attention Deficit who finds herself faced with a major accident, parents' loss of employment, or frequent family moving such that she simply can't cope any longer. The same could be true of a child with a learning disorder or mental handicap; she may be managing but experiences a sexual abuse event that overtaxes her so there is a major loss of function. In these instances, the kid may have such a major constellation of things they are up against that it is practically impossible to sustain normal development.

For example, I saw one yesterday who had lost one parent and whose mother had been multiply abused by a number of partners. There was evidence of ongoing abandonment by mom alternating with periods of caring. As a result, attachment was extremely disjointed. Mother has a bipolar

disorder and a drug problem. The kid has experienced multiple placements as well as a care giver who abused her. In the meantime, mom gets a new partner. So, many factors are in play. The kid acts out and abuses other people. This situation is not gratifying for her new caregiver as there is little mutuality or reciprocity. The child is in a sense doomed. These circumstances are not unusual.

I didn't include fetal alcohol syndrome as a separate category as this problem often expresses itself as an Attention Deficit or as learning disabilities. This syndrome may have its genesis in the intrauterine environment. It affects a number of kids that we see. Another factor is prenatal distress of one sort or another. This is not defined as a specific cause but my clinical experience says traumatic pregnancy seems to precede certain problems. Mother is stressed due to abuse in pregnancy which means that baby-mother bonding is insulted from the start. Frequently, this leads to a not very gratifying bonding experience for mother, so a negative sequence results. Once again, it is difficult to separate things out because so many factors are at play.

The step parent situation is another fairly major issue. Not infrequently, mother or fathers have a number of partners over time. The new partner may not accept the stepchild at the outset or, if she does, the stepchild is then rejected on the birth of new child. This leads to a situation of either child leaving home or the birth parent of the child leaving the home. It has been called the failure of the blending process in which one kid gets picked on or scapegoated and victimised. This may well be a child who has specific problems to start with such as attention difficulties so is at best difficult to parent. When the new parent comes along, he or she doesn't have the tolerance or patience to parent or becomes abusive towards the child.

Yet another stressor is adoption. We see a number in this situation in which the adoption process has not been successful. Some of those are probably the fault of agencies who put kids into homes that were grossly unsuitable or who didn't pick up on a history of abuse in the family prior to adoption. Others are the failure of the adopted child and the parents -- or with one parent and not another -- to form a good attachment. Marital problems may exist or the parents get a child of whom they have little information. When they get the child, they feel angry and hard done by so get angry because the kid does not match their expectations. Scapegoating and adoption breakdown ensues.

Occasionally, you will have a child who seems to be performing well. These are the children of high functioning families such as those of doctors or other professionals. The parents are very intelligent, highly motivated, and very successful. One child acts out but it is not easily identifiable. The family is sophisticated and can present well and the issues are subtle so it is hard to diagnose. One scenario seems to be where you have a child with models of competence all around in terms of parents and siblings. For some reason, the child is not able to compete at the same level, perhaps because she is

not as bright or due to other variables. The kid tries but finally can't cover up her inadequacy. The parents may have expectations the child is incapable of meeting. Although the kid is doing quite well, she doesn't meet their expectations. At some point, she falls apart as she can no longer cope. She gets a negative message from the family because she is not upholding the family ideals. We saw one case like that when the girl ultimately committed suicide. We can't be certain that these were the contributing factors, but it appears that was the case.

The kids we see are ones in which their community was unable to cope with them. In some cases, the community is more proactive so that a fair number of kids are still in their families. It used to be the case that the community had to exhaust all other resources before the child was referred to Crossroads in its capacity as the province's long term treatment resource. Now we emphasize that the earlier we receive the referral the better. People are coming to see us now as a resource to help them manage kids so placement breakdown doesn't result in permanent wardship.⁶

The social worker has shown himself to be appreciative that his informants may offer distorted conceptions of reality. However, he appears to be less aware that his own involvement might affect the production of facts. There is a tendency to overlook the impact that his presence may make on the nature of the information gathered as well as a certain lack of self-reflexivity in acknowledging the possible limitations of his analytical framework. In the first instance, the social worker's reference to detective work infers that rather than taking an active part in the shaping of particular facts through a process of interpretation, he was actually uncovering or disclosing the facts (Handelman, 1987:364-365). Information gathered in this manner may not acknowledge the mutuality inherent in the production of knowledge. Instead, the perception of the "client [or informant] -as-object" (Handelman, 1987:372) may so dominate that the social worker may underestimate his own role in compiling the social history report.

In addition, the impact of the social worker upon the behaviour of the informant may be underestimated. This dialogue cannot be understood to be free from distortive influences. It is enough to recall that the social worker is both an individual and a representative of the administrative body of the state. Significantly, another Crossroads' social worker remarked on the relative ease with which he now was able to gather information for social histories. He contrasted this to the reticence he encountered in his former position with the Ministry of Social Services. He attributed this difference to the perception that the Health Ministry was mandated to provide care while the Social Services

Ministry embodied functions of control, empowered as it is to apprehend children in the course of securing their care. While information may be more readily available, it cannot be presumed that the informants take an impartial attitude towards their interviewer.

The social worker is explicit about his use of attachment theory and family systems theory in determining which information will be included as facts. In particular, he makes reference to the necessity to attempt to isolate potential insults to attachment, decisive attitudes, events or general conditions which are likely to have had long term consequences. The practice of identifying factors in a person's history to account for current behaviour is a well established one in psychiatry and psychotherapy. However, this procedure is neither unique to the mental health professions nor is it a recent innovation.⁹ The designation of certain incidents as having a decisive impact on a person's interpretation of the world is now something of a cultural commonplace in Western societies. Despite its widespread acceptance, this procedure is far from unproblematic.

The assigning of significance to particular occurrences is a question which is relative to the viewer. Critical social science, for example, endeavours to convince people to "adopt a particular narrative account of their lives" (Fay, 1987:71). Yet critical social science can no more guarantee an accurate reading than can the social worker's attachment based account.¹⁰ The critical interpretive approach recognizes that unintended consequences may result from its particular application of rationality and that it is no less limited by the presence of unconscious motivations and irrational blind spots than any other style of reasoning. These limitations are testimony to the fact that certain of our beliefs and attitudes are rooted in relatively unreflected experience. Our resistance to alter our views -- and, in turn, the reluctance of others to alter theirs in the face of our arguments -- is partly accounted for in Turner's root paradigms or Sartre's fundamental deviations, the legacy of early experiences having taken the form of unreflected premises anchoring our social construction of reality. In addition, the use of a contingent rather than a timeless Archimedian standpoint may enable active engagement on the basis of identifiable ethical and political premises, but it does so with a healthy suspicion of all claims to truth, its own included (Rabinow, 1986:258).

Critical Interpretation and Cultural Logics

The focus of the social history is on the journey of the youth through cultural rites of passage -- birthing, initial steps, toilet training, pre-school, etc. -- with

an accompanying commentary on important events for the family unit. The purpose of this account is to document occurrences or conditions which might be decisive to the formation and maintenance of affiliation between the individual and significant community members. While the social history does not focus on social structural issues of class, ethnicity, etc., there is considerable material which relates to the social processes, formations and institutions associated with these phenomena. A close reading of the social history can offer a picture of the realm of possibilities that confronted the person at various points in time.¹¹ The consequences of decisions made in the face of these social constraints can be seen to reverberate both in the immediate social environment and within the individual herself. Read in this way, the document throws into relief the ebb and flow of specific cultural logics – meaning creating practices – which influence the beliefs and actions of the individual as well as being affected by her conduct in turn.¹²

With the vantage point offered by a critical interpretive perspective, it becomes evident that the facts that comprise an individual's identity are no different from other social facts which form the basis for claims to objectivity. All are products of specific historical and cultural processes, constructions fashioned in fields of power. Using this reflexive approach, the Facilitating Program's practices of knowledge production become the objects of inquiry. These technologies seek to disclose the social relations constitutive of the problematic behaviour of an individual. In so doing, they produce specific facts intended to substantiate their truth claims. These facts, in turn, become the proposed constituents of an alternate conception of the socially related individual and the immediate community. This meaning construction involves a public inventory of details typically considered to be the most intimate and private. It represents a striking demonstration of Foucault's notion of state administered subjection.

The attachment theory employed by the Facilitating Program is, at once, an expression of a cultural logic, an analytic frame which attempts to identify cultural logics and the manufacturer of cultural logics. Combining elements from both positivist and interpretive styles of reasoning, this outlook seeks to produce evidence supporting the view that significant correlations exist between specific events or conditions (insults to attachment) and subsequent occurrences (acting out behaviour associated with conduct disorder). The Facilitating Program uses a variety of technologies to compile these facts, procedures which act both as vehicles for fashioning relevant data and as practices which mediate the self and

social understanding of the youth and her community. The social history offers one window into these processes.

Chris Sargent: The 'Case Study' as Cultural Logic

A comparison of Ken Lancaster's list of representative categories and Chris' Sargent's social history reveals a remarkable overlap of shared characteristics. "Attention Deficit with or without Hyperactivity", "sexual abuse", "abuse/neglect", "extraordinary events", "step parent situation", and, of course, Ken's comment that the Program seldom encounters "a pure instance of any of these categories, that usually there are a number of things which impact on the child" -- the details included in Chris' social history bear evidence of each of these features. This raises the question as to which facts are disclosed, which are constructed. It also suggests the possibility that a functional circularity in logic can be established, the typification of a particular population predisposing the selection of subsequent candidates for this cohort.

Critical social science indicates the impossibility of understanding any phenomenon free from the influence of our relationship with the object under study (Fay, 1975, 1987; Marsh, 1988). The nature of relational knowledge (Rosaldo, 1989/1993:206-207) challenges the validity claims of diagnostic technologies in psychiatry which assert that specific psychiatric classifications possess an inherent unity or integrity which is "neither a random phenomenon nor an artifact of the techniques through which it is detected, treated, experienced, and studied (Robins and Guze 1970; Spitzer and Williams, 1980)" (Young, 1995:104). The suspicion remains that professionals may approach a particular population with the expectation that their findings will support the typification.¹³ As a result of this bias, a totalizing narrative becomes established and entrenched, reducing the likelihood that the researcher will entertain any interpretation as legitimate other than the pre-existing one.

My discussions with the Facilitating Program staff did not reveal a simple answer to this question. Certain professionals appeared to be quite sensitive to the constructed nature of the so-called facts that appeared on the youth's file. Some were open to the suggestion that their own formulations should be approached with the same critically reflexive eye. Others, while suspicious of certain allegations documented in the files, were more inclined to approach test scores and interview observations less as relationally mediated products than as scientifically validated evidence to be considered as objective reality. With the latter

individuals, authoritative claims borne of standardized procedures and clinical experience carried greater legitimacy than first hand testimony by their clients and their care givers. Nevertheless, these differences in outlook did not translate to their individual reports nor to remarks made in care plan meetings. In these public exchanges, the commitment to professional discourse was such that, with rare exception, the relationally mediated nature of facts was overshadowed by the aura of scientific technologies, leaving the distinct impression that the findings had been disclosed rather than constructed. This resulted in a uniform point of view, an authoritative discourse in which inconsistencies, contradictions and uncertainties were few or non-existent.

Reality shows itself to be more unruly. Don Handelman (1987:359), for example, notes that evidence supporting the existence of child abuse and neglect is undeniable. Yet he believes that it is the suspicion of maltreatment rather than the unequivocal documentation of abusive or neglectful conduct which produces the larger number of cases. In terms of the documents examined by the Facilitating Program, certain details culled from social services, education and health files clearly indicate that they are opinion or speculation rather than corroborated fact. A significant amount of the material provided in the social history is drawn from unconfirmed reports which are noted as such but which remain live issues, subject to debate as to whether they actually occurred. Designating unconfirmed occurrences in individual files as likely or unlikely was a matter of some discussion in the Monday program evaluation meetings. The lack of clarity and the absence of consensus on what comprises maltreatment simply adds to the ambiguity of purported evidence. The impression given was that a certain amount of common sense interpretation based on informed speculation without the benefit of guidelines to establish probability had been undertaken by all departments over the four years of the Program's existence.

Certainly, Chris' social history offers ample material on which to speculate. Working from Ken's criteria, the list of possible insults to attachment begins with the potentially traumatic childhood experiences encountered both by Chris' mother and father. In Karen's case, these include the loss of a parent through separation, witnessing of physical and verbal abuse between parents, separation from siblings as well as being the victim of attempted sexual abuse, physical abuse, neglect and rejection by her mother and stepfather. For Len, the list could include neglect, apprehension from his parents, the witnessing of rape of a sibling, multiple placements. Any or all of these could be considered to contribute to less than favourable bonding conditions with their own child, a situation which was

conceivably aggravated further by the distressed relations between Karen and Len prior to Chris' birth. In addition, Chris' history contains innumerable possible losses and other potential insults to attachment. At a minimum, these range from evidence of neglect, loss of his father, exposure to his father's abuse of his mother, physical abuse by his mother's partner, loss of his surrogate father, possible sexual abuse, diagnosis of Attention Deficit Disorder with Hyperactivity (A.D.H.D.) and Ritalin treatment, expulsion from school, multiple evictions of the family from their home, physical abuse by a teacher, exposure to sexual assault, verbal abuse by a judge, multiple school placements and suspensions, multiple child care workers, criminal prosecution, inconsistent parenting, an absent stepfather, to Chris' removal from his home after his suspected sexual assault of his sister.

Nevertheless, the actual practice of the Program staff in identifying insults to attachment remains somewhat elusive. Discussions at the Monday program evaluation meeting made it apparent that there is no clear procedure for designating which behaviour should be considered to be detrimental to supportive relationships. The categories outlined by the social worker at my request cannot be assumed to be common knowledge throughout the treatment complex. For instance, the other social worker for the Program produced a list of characteristics which overlapped to some extent but were by no means phrased in the same terms as Ken's categories.¹⁴ Certainly, the social histories do not clearly specify which events must be understood to be "clinically significant". As will become evident, nominated events or diagnostic statements do occur in the summaries of the psychology and education reports, but these are the result of interpretations arrived at independent of Program-wide protocol or consensus. A participant in the care plan meeting could reasonably presume that the summary conclusions presented in the various reports are the basis for the more general statements made in the care plan. Yet this is not necessarily the case. As we shall see, the actual nominated events on which the psychiatrist bases his assessment of insults to attachment tend not to be identified in the report. Instead, they typically are left to be inferred by the reader.

Cultural Logics: Attention Deficit Disorder with Hyperactivity

Neither can it be presumed that there is agreement amongst the staff about the nature of these various disorders. This certainly proved to be the case concerning Attention Deficit with Hyperactivity Disorder. In outlining characteristics common

to a number of admissions to the Program, Ken Lancaster emphasized a socially constructed interpersonal dynamic lying at the heart of this particular pattern. One of the education consultants, on the other hand, was adamant that Attention Deficit behaviours were due to cognitive deficits. In his view, the negative impact of these deficiencies could be reduced by social interventions but their origins were undeniably biologically based.¹⁵ What Chris' social history offers is the opportunity to witness the sequence of events which led to the inauguration of a specific cultural logic – A.D.H.D. – as it was applied to his circumstances.

During grade one, Chris was taken to a succession of psychologists and psychiatrists due to his inability to attend to his school work. Each professional in turn prescribed Ritalin. Despite her initial strong opposition, Karen finally agreed to this course of action and Chris' school performance improved noticeably. Chris continued to take Ritalin while at school. Some years later, Karen was given written material on Attention Deficit Disorder, the diagnosis commonly associated with the use of Ritalin. She found this information very useful for her care of Chris.

In this scenario, professional interpretation of Chris' restless behaviour and failure to concentrate on school work led to a proposed treatment plan consisting of the prescription of Ritalin. The use of this drug was followed by a perceived reduction in the troublesome symptoms. The association of Ritalin, used as a conventional intervention for the treatment of the symptoms of A.D.H.D., with the lessened frequency and severity of the problematic behaviour tends to confirm the existence of A.D.H.D. as a physiologically based disorder. Chris' change in behaviour tends to confirm the diagnosis that he "has" A.D.H.D. As a result, his so-called acting out behaviours become reified as symptomatic of the presence of an actual biologically based disorder.

Chris' behaviour is subsequently perceived to be mediated by the presence of this abnormal condition. Yet the existence of an ongoing physical dysfunction is contradicted by the fact that Chris demonstrates considerable competence in a number of areas, activities which would be hindered or prevented by the short attention span associated with A.D.H.D. Chris evidently "likes art, draws very well and likes to cook. When he cooks, he can do it artistically and will put effort into the presentation. He is also good on computers and is excellent at Nintendo." All are activities, incidentally, that can be pursued alone, without the presence or intervention of others.

The precise nature of Chris' socially troubling behaviour is not at issue here. What is relevant are the cultural logics which are brought to bear on Chris' circumstances such that he comes to be viewed as being afflicted with A.D.H.D. The social history enables us to follow the progression of events which leads to this conclusion. As a moment in the relational process of knowledge production, the social worker's report appears as a component of the professional discourse leading to the formulation of the care plan. Within the framing logic of mental health care, the reciting of particular information elevates it beyond the realm of anecdotal hearsay and accords it the status of scientific evidence. As a potential participant in this exchange of information, Chris cannot be presumed to be immune to its possible impact.

Cultural Logics: Gender

A shift in focus from Chris' circumstances to Karen's realm of possibilities illustrates the importance of broader cultural logics. Specifically, the presence of oppressive social relations associated with patriarchy are documented in the social history, yet are not labelled as such. Instead, it would appear that descriptions of Karen's social relations are included primarily to contextualize her son's behaviour. They are not referred to as issues to be addressed beyond their potential impact on Chris, the designated client in the care plan proceedings.

On more than one occasion, Karen's economic and emotional circumstances are shown to be precarious due to her status as female and mother. Shortly after Chris' birth, Karen found herself faced with a double bind: improve her relationship with an abusive male partner¹⁶ who otherwise would refuse to contribute to child support or request assistance from state agencies, thereby placing Chris at risk of apprehension due to Karen's inability to provide financially. Both horns of the dilemma are expressions of the cultural convention which places the principal responsibility for child care on the shoulders of women.¹⁷

Karen is confronted with two representations of the "bad" mother¹⁸ yet finds herself with neither the emotional support nor the financial resources to avoid being cast in one role or the other. The social history documents her efforts to acquire schooling sufficient to secure a job providing an income adequate to the needs of herself and her son. This takes place in a cultural context in which women typically find themselves bringing home a substantially smaller wage than that of men (Conway, 1990: 108-109). A significant factor

contributing to this situation is the difficulty women encounter in pursuing a career while being the principal economic provider for a family (McDaniel, 1993:170). This situation is further complicated as women who are single parents frequently cannot rely on child support from their former partners to ease the financial burden.¹⁹ As the single reliable source of child care and the sole breadwinner, it is little wonder that these women find themselves vulnerable to charges of over protectiveness, on the one hand, or neglect, on the other. Whipsawed between two contending cultural expectations, the margin for error is very small, a predicament which itself imposes additional pressure and increases the likelihood of failure in the eyes of the dominant culture.²⁰ As an independent unit, the family is confronted with expectations it is often ill-equipped to meet (Gordon, 1988/1989:166). Perceived difficulties grant the state license to intervene, ongoing surveillance producing more pressure to comply with conventional definitions of normalcy.

This issue loomed large in a care plan review held six months after Chris' discharge from the complex. The psychiatrist returned to the topic of the ongoing absence of a male role model in Chris' life as Bob persisted in putting his work responsibilities ahead of the parenting his step son. The psychiatrist also stated that Karen was too involved in the affairs of her son, their relationship being characterised as "enmeshed", a term with overtones of mental pathology. Nonetheless, Karen is, arguably, the only person upon whom Chris can rely. Her commitment, vigilance, and perseverance was evidenced in her successful efforts to have Chris removed from a psychiatric ward for adults, a setting which she did not consider to be suitable for someone of his age. Yet her ongoing willingness to place his own interests ahead of her own, occasionally at considerable risk to her own physical and emotional well being, carries the threat of being construed as fostering an overly dependent relationship. Once again, Karen finds herself faced with expectations which place her in a position of double jeopardy. She was the sole emotional support for her son during her relationship with his father and remains the primary support in her current relationship. However, she is constantly faced with the recognition that the flip side of the charge of excessive caring is one of emotional neglect. Accusations of neglect are not directed at either male partner. Instead, her husband is "encouraged" to spend more time with Chris, the terms of this relationship seemingly voluntary. Karen's relationship with her son, on the other hand, appears to be obligatory. Lapses in proper conduct on her part are liable to result in rebukes that she is guilty of either pathological over protectiveness or criminal negligence.

The incidence of male violence – physical, verbal and sexual – directed towards women and children is another aspect of patriarchy thrown into relief on the pages of Chris' social history. Exposure to violence has been identified as potentially contributing to the incidence of behaviour associated with conduct disorder (Jaffe et al., 1990:38). It figures prominently in many of the files that I consulted. Violence against women has been shown to be related to social inequalities in terms of class (Conway, 1990:150) and race ([Province] Task Force on Family Violence, 1992:189, 192; Hughes, 1987), correlations which were strongly suggested in the majority of the files of Native youths.

Cultural Logics: Class and Race

The difficulties I encountered in systematically documenting these impressions were largely due to established practices which had the effect of marginalizing issues of gender, class and race (Waitzkin, 1991:39). Simply put, this information frequently was not available. This proved to be the case both in the documents from various external agencies which were consulted by the social worker in drafting the social history and in the files compiled by the Program over the course of the individual's stay. References to these categories on the face sheets of individual files were typically left blank.

The consideration of class as a general category also tended to be overlooked as a matter of consequence. The head social worker considered all but a handful of the youths to be of the "middle class", those exceptions being comprised of members of families whose reliance on welfare spanned a generation or more and the occasional individual whose parents were affluent and/or highly paid professionals. Class also did not figure in the Facilitating Program's research project to evaluate the effects of the care plan process. The research assistant explained to me that one of the reasons for its exclusion was the difficulty in arriving at a satisfactory definition of class. Within the social histories, details about the employment situation of care givers was often missing. While the outline for social histories used by the social worker includes a section related to extreme economic hardship, I failed to encounter one example of its use in my reading of over eighty files. By contrast, the actual content of a number of social histories made it apparent that the family unit was frequently faced with conditions of extreme poverty.

The consideration of race also played no part in the Facilitating Program's research project. However, a case can be made that race is an issue of particular importance.

Conversations with the Facilitating Program's two principal social workers and my own investigation of the files confirmed that Native youths comprised the largest visible minority to make use of the Program's services, in numbers highly disproportionate to the provincial total.²¹ One of the social workers made a 'guess-timate' that First Nations' people accounted for 40% of the admissions since the inception of the program. The absence of clear documentation makes it difficult to corroborate this impression. While this figure appears to be excessive, Native youths do represent a significant minority of admissions to the Facilitating Program. The actual number can be expected to drop as the administration of treatment programs passes into the hands of First Nations agencies.

This situation underscores the importance of fashioning an explanatory model capable of extending the field of vision beyond the confines and the particulars of the specific family unit. It also calls attention to the various forms of tutelage imposed by prevailing systems of cultural logic. The demand for Native people to comply with an unrealistic cultural representation²² parallels similar expectations made of women, the ideal of motherhood being virtually unrealizable under the best of conditions. Not unlike the plight of women (McDaniel, 1993:173), Native people have been confronted with systematic state measures that have undermined their social and economic livelihood (Tobias, 1976/1983; Dyck, 1991). They then have been the target of social policies intended to address their disadvantaged position. One effect of this tutelary relationship (Tobias, 1976/1983; Paine, 1977:78; Dyck, 1991; Dyck and Waldram, 1993) can be measured, in part, by the alarming number of teenage suicides and the high rate of apprehensions²³ from homes crippled with chronic unemployment or underemployment. Historic relations imposed by the state also inform the practices, only recently curbed, of placing Native children and youths in non-Native foster homes.

Not the least significant aspect of this entrenched dynamic is the legacy of government sanctioned residential schools. The systematic exclusion of Native youths from culturally appropriate models of parenting continues to have repercussions generations later. Although less sensationally publicized than the recent revelations of school administered sexual and physical abuse, the long term effects of this practice are no less widespread and, arguably, no less devastating. These are perhaps the more blatant examples of a prevailing attitude best described as racist (Culhane, 1994), the twin prongs of state benevolence and surveillance contributing substantially to a predicament they are intended to alleviate (Dyck, 1991; Marcus, 1992; Swartz and Levitt, 1989).

CHAPTER EIGHT – PSYCHOLOGY REPORT

Jan moves quickly through the information relating to Chris' reasons for referral, skipping the synopsis of Chris' social history that comprises the first two pages of her 8 page report. Her 15 minute account primarily focuses on the outcome of the psychological interview and the findings of a series of tests measuring a variety of attributes including those of intelligence, susceptibility to depression, self perception and perception of family:

A quiet handsome youth, Chris presented as having a restricted range of affect. At the beginning of the interview, he was cooperative and revealed a rather dry sense of humour. Nevertheless, Chris appeared to have little insight into his problems. He became less cooperative as questions were raised about his having been abused. He slid down into the chair, hid behind the collar of his ski jacket and the brim of his baseball cap and would not respond to further questions.

Jan notes that Chris' explanation for being at Crossroads was because he punched a wall at his foster home and did not listen to expectations and because he swears. He said that since returning home, he has gotten along well with his family and that he would like to live with them upon leaving Crossroads. He reported that he was mostly happy staying at Crossroads, except when staff failed to follow through on their promises. He mentioned that he was expelled from school for fighting and that when he gets angry or feels scared, he will either yell or break something if he doesn't avoid losing it by going to his room. He denied any thoughts of self-harm or of feeling worried about anybody or anything:

With regards to conduct disorder, Chris had difficulties sequencing events, giving a somewhat confused order. He denies that he steals but that he had done a B. & E. which he didn't want to talk about because he wanted to turn things around...Chris indicated that apart from making home-made bombs and setting fires with some friends, he usually does most of his anti-social behaviours by himself....

The report indicates that Chris acknowledged that he had been abused sexually but did not want to talk about it. He denied having forced anybody to take part in any sexual activity. After being questioned about his history of abuse, Chris became increasingly reluctant to answer any questions. With reference to hyperactivity, he stated that he daydreams, that he doesn't listen in school and that the problems he encounters with school work are due to being lazy. He was slow to respond when asked what he liked about

himself, finally volunteering that he plays drums and guitar, has very good hearing and enjoys art, particularly working with clay. The report observes that neither peers nor adults are viewed by Chris as being important resources. Chris' future plans are to return to school and, eventually, to "go into forestry because he would like to plant trees to help the environment."

Chris took the Wechsler Intelligence Scale for Children - III (Revised) (W.I.S.C.) under the supervision of psychology staff members. Despite seeking reassurances about his progress and exhibiting occasional frustration with tasks requiring verbal expression, he was considered to be cooperative and appeared to be motivated to do well. Overall, Chris' results indicated that his cognitive abilities were average with below average percentiles achieved in areas of verbal ability, freedom from distractibility, short term auditory memory and clerical speed and accuracy. His highest scores were attained in arithmetic computation, perceptual organization and cognitive flexibility.

According to the assessment of the psychology staff, Chris does not appear to be acknowledging symptoms of depression. However, his responses to the test instrument, the Beck Depression Inventory, may be invalid as Chris indicated that he did not understand all the vocabulary used by this assessment device. He did complain of having lost 10 to 15 pounds recently and of experiencing physical aches and pains and constipation, symptoms which are sometimes indicative of somatization of depression.

The results from the Jesness Personality Inventory were judged to be similar to those provided by most adolescents Chris' age. However, Chris failed to complete the Chedoke Youth Self Report (Y.S.R.), complaining of its length and difficulty. His mother's responses to the Y.S.R. reveal that she considers Chris to have significant difficulties in the areas of appropriate conduct, sustained attention and emotional distress. She provided the picture of a boy who is cruel to animals and people, destructive of property, prone to lying, stealing and fire setting as well as being unhappy, impulsive, hyperactive, inattentive, compulsive, self-destructive, and suicidal. She also indicated that providing care for Chris has been very stressful for her.

In response to the questions on the Family Environment Scale, Chris' mother describes their family to have an emotional cohesion similar to most families, but to be more expressive than most families and more conflictual than distressed families. Chris, on the other hand, describes his family to be more emotionally cohesive than most families and to be similarly expressive and conflictual as most distressed families. The report notes that

Chris' results may be of questionable validity as the test was given verbally with Chris seeming to give impulsive responses.

Jan moves to the closing section of her report, stating that the assessment's summary and recommendations are based on the psychology department's observations of Chris and on an interpretation of his test results. The comments are meant to reflect the department's understanding of developmental issues of significance in Chris' life and the accompanying recommendations consist of courses of action that the psychology staff think may help to remedy the identified concerns:

Chris is a 13 year old adolescent with average cognitive abilities who presents as guarded in his responses and emotionally constricted. He has a long standing history of difficulties that stem primarily from an Attentional Deficit Disorder and from having been sexually abused. He also meets the criteria for Conduct Disorder. He appears to be a sensitive youth who does not want to cause problems for others. However, he has very poor impulse control and acts out without any remorse for his actions afterwards. Chris has a very poor self-image, likely resulting from having caused extensive problems for himself due to his acting out behaviours, combined with being violated sexually several times by older males. It is possible that Chris has been more severely abused than he has disclosed, given the sexualized content of his nightmares, as reported by his foster mother. Chris is reported to have sexually abused younger children including his sister, and unless Chris learns alternative behaviour, he is likely to do so again. Although he has not carried out his threats of self-harm, it is possible that Chris could injure himself or others, given his impulsive tendencies, without consideration of long term consequences.

Given Chris' highly sexualized behaviour with younger children, it is important that he learn to cope with his sexual impulses before he becomes an adult with a well-formed sexual identity. A juvenile treatment program for sex offenders is strongly recommended. Such a treatment program should not be viewed as a punishment; rather, it should be viewed as a way of protecting Chris and others from victimization and as a means of protecting him from social stigmatization, given society's lack of tolerance for sex offenders. If this is not available, he would likely benefit from seeing a highly skilled mental health professional who is well acquainted with the complicated facets of Attention Deficit Disorder as well as with sexual victimization.

Jan underlines the caution required in securing suitable living arrangements for Chris. She indicates his desire to return home and acknowledges the persistence and dedication which his mother has shown to his care over the years and her continued willingness to provide a home for him. Concern is expressed about Chris living in a

residence with younger children and the likelihood of Chris' offending against his sister is raised. Whatever the eventual placement, ongoing contact with his family is to be encouraged. In addition, one-on-one attention by a male child care worker should be provided and relief provisions for his care givers will probably be required. Family counselling is suggested for Chris' family members to improve their coping skills, both in terms of their own interactions and in regard to Chris' attention difficulties and his possible re-integration into the family. Whether at home or at school, Chris will require clear expectations, considerable structure and immediate reinforcement of appropriate behaviour. Jan's presentation ends with the recommendation that activities such as guitar or drum playing and organized outdoor pursuits which promise a high probability of success be pursued in order to bolster Chris' low self-esteem.

"Comments or questions anyone?" Once again, Keith waits for a response before moving to the presentation by the education consultant....

At the suggestion of the head psychologist, I met with Lucie Berringer, a psychology assistant and practicum student, to gain an understanding of the interview and testing procedures used as the basis for the psychology report.¹

First of all, what we do is not so much testing as a global assessment of the kid. What that means is that we'll try and get the big picture and testing is one tool that we use to get a part of it. Testing typically includes standards and norms and specific criteria and strict procedures. It's basically giving a kid a test and coming up with a number. Where the real process comes in is in the interpretation of all the different tests that we give. Typically, there is a standard test sequence. There are certain tests that we give to every kid here.

Depending upon the situation, it might call for a different type of test, so that it's flexible in that sense. Given that we're doing this global assessment, psychology on its own isn't enough. We really rely on the social history. Working with social workers is really important because if we were to submit our interview results and our tests results, it wouldn't mean a heck of a lot. In fact, it doesn't always make any sense until we read the social history and we speak to education and we piece it all together. Sometimes we might have a specific question in mind that didn't come up when they were interviewing the parents so that the social worker might actually contact the parents again or else look at their notes and provide us with that information.

So when Roslyn, the research assistant, sort of smiled when I made a comment about "facts", I guess she was smiling because there's no basic raw "fact". It's subject to interpretation.

That's right or also it's just so much and then it becomes selective. The interpretation that we make tends to be based on something. There's obviously a lot of our own intuition in there but we try hard to tease away what is true from what's not true. It does get tempting to just go with the flow, go with how you feel and that's why the tests are really important for us because they give us structure. It's important to stick to that structure. They provide you with a number. And you can say, 'Oh, my god, I would have predicted that he would have done this way' and then the kid will do something totally different. Your procedures are meant to be standard and we administer them in that way so that if any glitch or any funny thing happens, you can be confident it's the kid and not necessarily you.

The W.I.S.C.², for example, is supposedly measuring intelligence. Are you, in fact, measuring a kid's intelligence or are you using a tool which has come to be seen as a means for measuring intelligence and seeing how well the child performs that particular test and then ascribing intelligence based on the results?

It's more the latter. Partly, because almost everyone agrees that we can't agree on what intelligence is. That's been a big academic debate. In fact, it becomes the focus of our training in first year [psychology] because assessment relies on intelligence tests. It's usually the basic test you give. That's the starting point. We're not necessarily even interested in getting the kid's intelligence. We like to think of it as their functioning and mostly we're getting intellectual functioning but you get other kinds of functioning that comes out. We really are involved with assessment versus testing and testing is a part of the overall assessment.

With each kid that comes through here, we go over the care plan process with them. Typically, what we say to them is that people from different disciplines are bringing information about you to the care plan meeting. The social worker is going to talk to your parents and get their scoop on what's been going on. Education is going to do some testing with you and find out about your schooling and what we're here to do is to get your point of view. We're your representative basically. And that's sort of what we are. So the whole process isn't meant to be scary for them. It's meant to be welcoming and co-operative. There are some standard things that we say, one of which is that we don't keep secrets and so anything that they tell us is open to being used. So if there is anything that they are not comfortable with telling us, then they should state that. We might still question it but it's better to tell us the truth than to lie because we end up basing our recommendations on what they say. It doesn't always work but we do that anyway.

Lucie then referred to her outline of the psychology interview and read a list of subtitles:

Psychotic symptoms, mood disturbance, anxiety disorder, conduct disorder, oppositional disorder, Attention Deficit hyperactivity disorder, receptive or expressive language disorder.... Mood disturbance, that's an important one. Have they been depressed before? Do they tend to be depressed? Again, they don't often recognise it but they sometimes can very well describe symptoms of depression. Anxiety, conduct disorder, oppositional disorder – these are the different behaviours, you know. Do they engage in any of these particular types of things? Attention Deficit, language disorder.... Obviously, you don't ask about language disorder necessarily. It's more something that you observe in what's going on and then you may actually ask the kid if you're wondering about it. And then there's history of abuse....

In terms of conduct disorder and Attention Deficit, how are those categories understood within the psychology department? Are they seen to be disorders that are internal to the child or are they seen to be particular behaviours – I'm thinking of conduct disorder, specifically – particular behaviours which have been categorised within the D.S.M.-III-R?

That's more like it. We don't even look to make a label. We just simply ask about different symptoms. That can be helpful to us and it might concur with a diagnosis that has been established before or else relate to something that the psychiatrist is curious about or has decided. We don't make that diagnosis ourselves.

What about Attention Deficit? Is it seen to be organic or is it seen to be something that will always remain a puzzle?

Hmm, the puzzle definitely. It's definitely a puzzle as to what it is but that's the same thing for any of the psychological disorders. It's the same for psychotic disorder – you can't really say schizophrenia at this age. You can debate that about alcoholism. That's where each of our views is different. I don't think of them as medical disorders but other people do and certainly psychiatrists do.

Do the other psychologists think of them as medical disorders?

That's interesting because it's one of those kind of philosophical questions which after awhile you don't necessarily ask unless during lunch time over your sandwich. It's just basically a process of going in and evaluating does a kid act like this, do they look like this.

More pragmatic....

Exactly. We're not out to label a kid as having this or having that. We try to stay away from that. It becomes very important in our reports not to label. Certainly, sometimes the use of a label is good so you always aim for the better one rather than the worse one. You don't ever want to be derogatory

in any way. That's very important, especially with representing the kid. What we're trying to present in the care plan is our understanding of them. We're presenting our assessment – that's the overall point – but we want to be as true to the kid as we can. So when we're presenting our interview, we're basically saying they said this in very much a reporter like style. There isn't a lot of interpretation at that point. We basically state what they said and then the interpretations come at the very end of our report.

I've noticed the psych reports are very carefully written. There are sentences which say "this suggests to us based on our experience" or "based on similar tests given to other kids". It's always well qualified.

Exactly. We look for this whole constellation of problems that this kid might have. That's interesting in a way because some of our testing gets us that [information]. Here we're giving them a chance to say it and will they be consistent. And they may and they may not be. I find that if they tend to deny everything in the interview, they tend to deny everything in their self-report but not necessarily. They might present to us very cheerful, very happy, they don't really know why they're here, or it's not really that bad at home and yet when they're in their rooms filling out their Chedoke [Chedoke Child and Family Centre Intake Questionnaire Youth Self-report]³, the results will indicate that they are very depressed or the same with B.D.I. [Beck Depression Inventory]⁴ or else very angry, or that type of thing. So, although it's from the same source, it's important to get the information in a different way.

I'm really intrigued by the whole interpretive process. If you have a kid that presents to you as being cheerful and yet back on the unit writes a report which says exactly the opposite, what is the reality?

Well, that's exactly it and that's why the context is so important. That's where the social history comes in. How has he been on the unit because there tends to be consistency somewhere. It's a matter of piecing it together. Is it that they have problems with women, in particular, or maybe not problems. Do they try to please women more than men? So far all that we've had in the department doing the interviews are women. Or does this kid have a history of lying or denying or whatever. Did the education [department] find the same thing that here is a high anxiety kid who is trying to cover it up? Again, that's where we always have to qualify but sometimes you feel quite confident that we're on the right track. Sometimes that is what we'll point out if we're finding that they can present one way and yet feel another way from what they report. And that's something important for the parent to realize. The parent may score them in a totally different way and we can say 'mom and dad agreed with kid that the kid had this and this problem. However, they did not see depression as being a problem for this kid and this tends to suggest....' It suggests that the parent doesn't see the same level of distress and that can be important for the parent to realize. Sometimes the easiest reports to write up are the ones where everything fits nicely. But the ones that are most informative are the ones that do have some inconsistency and

they make you think a little bit harder about what's really there as opposed to what appears to be obvious.

So, there are also questions about the self, the person, their psychological mindedness. These are all things that we try to fill in for ourselves. These core questions about their psychological functioning tend to cover a lot of different things because if they're anxious then they tend to be anxious in one domain like school or at home and then that fills in parts about school functioning. All these questions tend to be specific in some way because we do try to present certain areas -- the different problems that may arise in family functioning, school functioning, peers, aspirations for the future. That's the standard format and then we make recommendations. But it's definitely not a rigid interview.

We're not necessarily interested in finding out what happened [in the past]. That's more what the social workers do. They really do try to write up the social history. We're interested in presenting the kid's perceptions. So it doesn't matter that this is completely untrue. In fact, if they lie to us throughout the whole thing and we know that, that's informative in itself. It's more knowledge that we're after and we're not necessarily trying to seek facts. You have two sessions with the kid specifically and the first one tends to be like this [format]. It's structured somewhat but it's going to be different with every single kid depending on who is in the room, how we feel, how they feel, although it's the same room. An interview sometimes is done over two or three sessions because it's just not working or else they can't pay attention for that long. Sometimes you give a complete interview within 35 minutes -- that would be very rare. Typically, it's a little bit over an hour. With some kids it can go much longer because they have a lot to say and they're willing to say it. That's what I find really interesting is that you really do have to work at your interviewing -- or you get a chance to work at it with these kids -- because you can never necessarily be the same. You always have to try to come up with new tactics and be flexible. That's your job. You want to present the information. You're not so interested in presenting the same person all the time which is different from what we do with the actual testing. Based on this interview, right away you can find out some things.

Some tests might not even be valid to use at all. If you have a low functioning kid with big language difficulties then that indicates to me that a lot of our tests shouldn't even be done. Typically, when that happens here they tend to get done anyway and then there is just lots of qualifiers. I think that this is definitely a problem. There are a lot of kids that are filling out self-report measures but you might only find out a few days later that this kid is not very bright and probably won't be able to understand them. The unit workers are more than willing to help but they don't necessarily know. We don't necessarily know and typically these kids fill out these things the first couple of days that they are here because they're not allowed to leave and so this is at least something to occupy them and they might do it in their room at night [on their own].

Here today I'm just presenting you one standard test battery but there are a lot of other standard tests that you learn to use and that you have to administer. You've got all these nice norms and you can see how useful that is. Then you are presented with this Rorschach ink blot where the kid just gives any old response. Exter came up with a certain system for it but a lot of it is interpretive, interpretation coming out of your ears. You tend to wonder what the value of that is, how useful it can be. But working with these kids I've come to understand that it's useful to have them work in a very structured environment – which is what the W.I.S.C. is – and then give them an absolutely unstructured test where you can't even tell them what you're expecting because you don't know what you're expecting. All you say is 'what do you see?' It's a very ambiguous stimulus. You get some responses out of them and it can be really helpful to see how poorly they work in an unstructured setting. This isn't the test we give to everybody. This would be a test that we would give to a kid we think might be having some sort of thought disorder. We're more reluctant to give this test because it is not as well respected in court room settings. So, there is that to consider. You have to have a good reason to give this test, obviously, but it can be really useful to see how well they do.

You might want to use it with a very complex kid who has got a lot of affect and a lot of emotion, who might have been trying to conform with you the whole time. You might get a kid who really tries well on this other test [a structured test]. They don't do that great but they're quite appropriate and very co-operative and they respond to your structure. You're providing them with clear expectations of what they are meant to do and they do very well. Then all of a sudden on another day, you give the Rorschach – in the same setting, you're in the same room, you're the same person, you're just as nice as you were the last time. But this time you're not telling them what [the expectations are] and you get really, really bizarre answers. One or two bizarre answers isn't necessarily important but you can get a whole profile from that test and it can be useful. It gives you more of a sense of how they cope, whereas this [other structured test] is meant to tell you how they are functioning intellectually – as we said, we know it gives you more than that – but that one tells you more on how they cope and it does provide you with a little bit on how they are functioning intellectually. The literature shows that there are certain standards that you should expect to get. They should be giving you 'x' number of responses of this type and of that type. So there is a little bit of normative data to work with.

The conventional way of seeing the Rorschach is that it's the content that is really revealing and there are all kinds of elaborate Freudian or Jungian interpretations that are used. But what you're saying is that there is at least as much information to be gained by looking at how they respond to a non-structured versus a structured situation.

I don't know as it's the conventional way, but that was a pretty old way of looking at the Rorschach. Ever since Exter's system – I think he came out with it in the late 60's -- and with the whole behavioural movement, we've

moved away from that. People are now coming back to it a little bit with interpretations of content and Exter allows for that in his system. Is it all morbid? Do they see blood and guts everywhere? Obviously, that's important, but nowadays that's not really how it's used. It is more used for coping. You do all the quantitative stuff. It's a very complicated score. It's something that might take you half an hour to administer and it might take you that long to score. That has been a very practical reason for not administering it in the past. You just don't have that kind of time. But now you've got a computer system to help. The psych assistants certainly are keen on it because it provides information. I think psychologists are more wary of it because of the possibility of being subpoenaed.

We tend to stay away from the neuropsych testing. The kid may have had that type of testing in the past or else they may later on. That might be something that we can recommend so we're not necessarily interested in giving them a whole neuropsychological battery. The Woodcock Johnson does a lot more testing as well. Actually, one thing that I'm going to be doing towards the end of the summer is looking into the similarities and differences between the W.I.S.C. and the W.J.R. [Woodcock Johnson – Revised] because that's been a problem here.

Because they come up with different...?

They don't always come up with the same thing and they're not parallel. They talk about a processing speed affect and we talk about one but we're using different tests to come up with it. There is this whole academic notion too that we feel that our test is good and education feels that their test is better. We try and avoid all that kind of stuff but it does come up every once in awhile. I think they're both good. It's just a matter of understanding how to interpret them together.

Jan Newcombe, the head psychologist, was interviewed to gain an understanding of why these particular tests and interview questions were chosen as the basis of the psychological assessment. She was also asked her perceptions of the strengths and weaknesses of these instruments.

Well, there are two factors that led to the tests being used. One was that they were in use when we got here. [laughter] So that's one. There were a lot of other tests that were used as well but then in trying to settle on these ones, what we decided was the Chedoke measure would be used so that we would be able to take a look at our kids compared to other adolescents. It's quite a solid measure. The other reason is that it has been revised so that we get those diagnostic scales [related to] the DSM III. Given that there is no structured diagnostic interview here, it was helpful in that way. They also have a lot of questions about drug use, school function, social function, etc. So it's a pretty good broad measure.

The Beck Depression Inventory is a solid, simple, well researched measure of depression with diagnostic work done in terms of score levels and some work done on the relation of high scores to suicide attempts to get more specifically at depression and suicide and vegetative features. There was a factor structure which was useful. Even if the kids don't say they attempt suicide, many of them have some of the vegetative features of depression. So that's a more specific measure.

The Jesness [Jesness Inventory] ⁵ is widely used by Youth Court Services and here in the treatment complex. The thing we try to get out of the Jesness is whether or not the kid has values which are anti-social from the point of view of most people. I don't think it does a particularly great job. We're doing our own factor analysis of the scale to see if we can get it any better.

The Family Environment Scale ⁶ we started to include part way through basically to get a number reading on family relationships. The cohesion and conflict subscales are not bad in terms of the psychometric [profiles]. But all the family environment scales, the family functioning scales, have various strengths and weaknesses. We wanted to document this over the course of follow up. Otherwise, if we didn't want to document in a number form, we wouldn't have used it because we know it from the interview. But it gives a number rating and it gives us a number rating from the parents as well. The Family Environment Scale and the Chedoke measures allow us to compare perspectives of parent and child and given that we rely on social work to do the family assessment, we don't do an assessment of the family from psychology. That's probably unusual for this kind of a program. So this allows us at least some information from which to compare the perspectives and then fill in the social history.

The only other thing, I think, is the W.I.S.C. It's obvious why we have the W.I.S.C. because it allows us to identify cognitive functioning and whether or not there are particular general issues at the level of functioning or specific problems which have repercussions with how they deal with social relationships. There are, of course, better and worse psychological tests but all of them have limitations.

The interview is something that I put together after working here for a fairly short period of time. Its purpose is to give us a kind of structure for going over major areas of functioning in kids. It's very much in need of revision at this point. It goes through where has the kid been, why do you think they're here, interviewing around the whole diagnostic areas – thought disorder, depression, conduct disorder – and getting at various things within each of those categories so that we have a better understanding. It then goes into the family functioning, their perception of their relationship with their mother, their siblings, their friends. It tries to get at coping resources – how do they cope, how they do in school, what are they going to do in the future. So those are the specific questions and within that we watch how the kid copes with the interview which is not written anywhere but we watch how consistent

their descriptions of relationships with the family are, how contradictory. For example, the kid will say "I'm here because I want to hold my family together and they all care about me and I care about them" and then 5 minutes later say "I hate my fucking family; I wish they were all dead." Things like that are fairly obvious. They don't fit together too well. It gives us a guideline. It was so we made sure in the interview that we got information in all of those categories. It probably would be seen more as an unstructured interview than a structured interview in that the order of the questions can vary depending on how the kid wants to negotiate the various topics.

What strategies do you employ when gathering, organising and analysing the data – the social history, test results, interview accounts, behavioural observation of the child? For example, do the more quantitative measures serve as indicators which you interpret in light of the social history and your understanding of attachment theory? If so, do your comments and conclusions primarily rely on empirically replicable results or informed speculation? Do you use a strategy of nominated events identifying critical incidents whose repercussions are revealed in current behaviour to decide which significant events will be selected for inclusion in the background synopsis?

...'informed speculation'...hmm, clinical judgment. [laughter] Well, these are tough questions. How do we put it together? Is that what you're asking?

I'm interested in your cognitive strategy. How do you approach this mass of information, some of which are numbered, some of which are observed impressions, some of which are interpretations of direct verbal responses? So it's really how you construct the sense of the child. When Lucie and I were talking, she talked about the numbers being a help in providing a global picture of the child and there was a fair amount of clinical judgment brought to bear. I'm interested in how that all fits together.

I think that different psychologists probably do it in slightly different ways. I think all of us have an assumption about attachment or relationships in the family which is a guiding principle. We all try to think of what's happening now with the child in a developmental context. So we think of a developmental formulation which is different often from a clinical unit or a psychology unit where you will get a diagnostic formulation. Starting with the interview and then the social history information often I will then consider what I would predict would be the results on the test. What appears to be happening to this kid? How are they now? What are the test results likely to be like? I then try to work through how these things fit and sometimes don't fit because it doesn't necessarily all fit together. We are not doing documentation of symptoms and signs or documentation of cognitive functioning level. We do some of that and we do it very formally. We're quite formal. But the meaning that we have for that really comes out of a process of understanding what's happened in the history of the child and how do they function in the interview. We then put that together with the test results.

That's probably pretty vague. You wanted to know if I use a strategy of 'nominated events'?

Yeah. For example, here at the end of Chris' psychological report, there is a statement that: "He has a longstanding history of difficulties that stem primarily from an Attention Deficit disorder and from having been sexually abused."

Yeah. There are some events that we would see as being more critical. Sexual abuse would be a critical event. We know that sexual abuse predicts certain things from the literature. The clinical judgment doesn't fall out of the sky. It's basically clinical judgment on the basis of what we know about research in this area. Attention Deficit disorder – we know something about the course of that in terms of development and what problems it might cause in terms of social functioning. We know about parents who are physically abusive or neglect. We know about the possible repercussions of that and of observing violence in the home. We know that's one of the important things. Things like level of cognitive functioning when you have a compromised child – a fetal alcohol syndrome child – born into a family where their parenting is precompromised as well. We know something about what to predict would happen. Critical incidence of conduct disorder at the age of onset – we know that if you have an early age of onset with a wide variety of conduct disorder symptoms, we know what's going to [happen]. So there are certain things that stand out that are strong predictors. But for all of these things, there really is no 1:1 correspondence between a particular event and an outcome. So we're confronted with the task of taking a whole bunch of predictors some of which you know more about than others and then putting that together and trying to project what's going to happen to this child given that the situation remains relatively unchanged.

Keith speaks of marrying the dichotomous thinking represented by the scientific method with an approach that can capture what he calls the "aesthetic", lived experience which constitutes the person's sense of being-in-the-world. Is this what you are attempting to do in the psychological assessment?

...the "aesthetic". Is this what we're attempting to do? What does Keith mean by that and I'll tell you if I'm attempting to do it? (laughter)

I had quite a long conversation with Keith about the "aesthetic". I had thought it was general knowledge but it seems to be an item that he's working up on his own right now.

Yeah. He's starting to use this term more. And "lived experience"?

That was my synonym. Keith was talking about part of his formative experience which was around existentialism and I latched onto the idea of being-in-the-world which is very central to existentialism. I think it tries to capture the idea of how the world feels to you...

Hmmhm... [agreement or encouragement]

...and it seems to me that what you are doing in a psych assessment is attempting to get a sense of how the child is in the world...

Hmmhm...

...not just breaking it down into particular attributes but trying to get a holistic sense...

Hmmhm...

... and to me that seems to parallel what Keith was talking about. So I thought I'd run it by you...

Yeah, I think you've basically answered that question. (laughter) The only other thing is that it brings back that whole issue about whether or not you believe that there are real facts versus some kind of created meaning. I'm kind of halfway in the middle of these things. Kids come in here and they have created a certain way of viewing the world. There have been some real experiences but they have interpreted these experiences in a particular way. Then we have these test results which are our way of picking out things but there is a million different things that you could pick out and nominate. It's a way of capturing something. If it is capturing it or if by virtue of doing that it's putting it into a context.

I'd like to talk about the Jesness for a few minutes. The Jesness assessment scale was expressed in terms of social negativism – social maladjustment, alienation, asociality. I thought the ringer in the bunch was value orientation which was basically working class values. Later on, they talk about the samples they use and they said the reason why they chose from a basically working class population for the non-delinquent sample was because they wanted to control for class. Given that the delinquent sample was made up of kids in the detention centre, they are saying that, by definition, kids in the detention centre are working class. To me, that does not necessarily follow.

Yeah, they used the word anti-social in particular ways, but you are right. It's pretty derogatory the way they are using it. But, you know, one of the realities is that a lot of our kids have come from families that are economically barely surviving. What you say is true, but that is the case. I would say that it's well documented in the literature that putting a child into poverty is a risk factor and there is no question about that. It is probably one of the worst risk factors for kids. I know what you are saying is that they are just working class people and they have all the problems.

Another way of looking at it from another value perspective is that these people are living in poverty. When they are living in poverty they cannot provide their children with the same thing that other families who aren't living

in poverty can. The parents don't have the luxury even to be able to parent their children with the same attention and energy as parents who have resources. So I see what you are getting at in the way that it is written here. But it is the reality. For example, the Offord study in Ontario looked at kids in [housing] projects. These are poor kids and it's a real big risk factor. Poor kids with single moms, poor housing. They don't have any access to recreational facilities. They don't have access to adequate clothing. They end up being humiliated in school. They respond to that. The teachers have a bias like the bias in here and it's a real problem.

The reason why I focused on it is because in a number of my conversations with people here there has been a tendency to minimize those factors that you just outlined. 'Oh, it cuts across all classes...' Well, it does but where do the majority come from? 'The middle class'. That's what I'm told by people who are in a position to have some sense of who is coming into the program, by people who are situated in very key positions. I've read Offord's findings and I attended the Children and Youth at Risk Conference where Offord spoke. I would agree with you. Yet it's interesting to see that there is quite a variation among staff members as to how they see these kids.

I think when people say that these kids could be your kids and they could be my kids what they mean is -- what I take them to mean is -- that these are *kids*. These are *people*. They could be your child or they could be my child. They're in particular circumstances and I think that poverty is one of those circumstances. From what I see, a lot of the kids come out of homes where there is a lot of stress on the family. The family may be able to break out of the poverty range but the way that they are doing that is often by the parents having to not do other things with their kids. The Jesness is not a good test. Who it's normed on is not the best group that we could have it normed on.

I found some of the questions on some of the other tests to be very ambiguous. For example, the Beck Depression Inventory with its references to time. I can imagine a kid who has been chronically depressed coming up with quite a different response to these questions -- "as well as ever could", "than usual" -- than a kid who is more acutely depressed...

Ahuh

...and yet both are depressed.

Yeah, that's a good point.

I also had a reaction to the phrase "severe violation of social norms -- disobedience, skipping school, running away from home"...

This is taken from the DSM and that's why its classified that way. Yeah, I know... (laughter) ... "skipping school" is a "severe violation of social norms"... yeah, I know.

The true or false statements in the Family Environment Scale includes: "Family members often keep their feelings to themselves". Well, that can be good or bad. You have no self control of your feelings, so you're going to spew it all out. If you are repressing things, that's quite a different question as well. That can be a sign of a well controlled quote unquote functional family or a dysfunctional family. "We say anything we want around home". The same thing: we're open and up front or we don't have to think about other people's feelings; we just spew it out and not take responsibility for it. Here's another one: "Family members rarely become openly angry". Anger can be a good or bad thing. Depending on your family background, you either write true or false. It doesn't give a clear picture.

I agree.

"Family members often criticise each other". Again, that can be constructive or destructive. Criticism may be something that is secreted away or it may be inappropriately discussed in a way that raises a lot of stress among kids that don't have any control over the outcome. There is a real difference in outcome depending on the family circumstances. In my reading, it is highly ambiguous.

It is, but what's quite remarkable here is I think that you've pick out almost all the items on the expressive domain. There are two problems with the test. Like most tests, they have to select particular wording that sometimes isn't all that clear. You've sat through what we've done in the [Monday evaluation meetings] trying to make up scales. You know how difficult it is to actually get a wording for an item that most people are going to understand. The other problem with these tests is that the items are not items that reflect what necessarily goes on in the families of the kids that we see. These are pretty light items. They don't have any items to express feelings about hitting each other, for example.

Both Lucie and Jan exhibit a certain amount of skepticism about the validity of the different instruments they use to collect information for the psychology report. Neither subscribes to a wholly positivist view of reality nor do they dismiss the significance of their role in the interpretative process. In fact, Jan's orientation draws heavily on object relations represented by the work of Heinz Kohut (1971;1977), an interpretive approach which pays close attention to the interactive dynamics between primary care givers and the child in constituting a social template.⁷ Yet the interviewing techniques and the various tests used by the Facilitating Program represent the actual forces of production which generate the findings conveyed at the care plan meeting. These procedures do not uncover facts; they produce them (Young, 1980:144). The nature of their production implicates the textualization process in which discourse is decontextualized and accounts are authored. Typically, the effects of production remain unacknowledged in the recording

of the information, yet their potential impact upon the findings may be considerable. The interview, for instance, is an encounter infused with power (Weber et al., 1994 :45), the outcome of which may be influenced in a number of ways. ⁶

The psychological tests employed by the Program – particularly those such as the Chedoke, Beck or Jesness which involve the use of questionnaires – typically use a format which attempts to attribute an objective meaning to a standardized test (Young, 1980:140). Yet the triple hermeneutic draws attention to at least three moments when the meaning intended by the test may be incongruent with the personal culture of the test respondent. The question may not coincide with the lived experience – “practical consciousness” – of the person. The reflected knowledge prompted by the question may be other than what is intended by the questionnaire. Finally, the significance attributed to the response may have little or no relevance to the everyday attitudes and practice of the individual. Many of the shortcomings of the various instruments, readily identified by various staff members in private conversations, are not mentioned during the care plan. To do so would call into question the Program’s capacity to produce authoritative knowledge. For it is the language and practices of these procedures which comprise the professional discourse in which the Facilitating Program is engaged.

Situated as it is under the auspices of forensic psychiatry within the Ministry of Health, the Facilitating Program requires the presence of the psychiatrist to qualify for funding. Operating within the psychiatric medical model requires a similar acknowledgement of the authority of the D.S.M. in defining its terms of reference. Conduct disorder may be a category viewed with skepticism or outright disdain, yet it legitimizes the existence of the Facilitating Program as a mental health agency. Professional authority requires that the Facilitating Program be seen to produce credible facts, facts that are produced through professionally sanctioned procedures and expressed in language consistent with these expert technologies.

The significance of this fact was made apparent during a discussion with the head psychologist about the limitations of conduct disorder as a concept. She indicated the D.S.M.’s significance in the mental health field, explaining that a pragmatic approach required the use of its terminology “to establish credibility and to ensure funding”. Her remark echoed the position of advocates of developmental psychopathology which had appeared in an article favourably viewed by the Program staff:

In spite of the numerous scientific and philosophical issues that continue to plague the DSM system, it remains the common language used by mental health professionals and public health agencies to communicate about the problems and conditions for which the mental health community has professional responsibility (Wakefield, 1992; Wilson, 1993). Thus, linking our research to the common language of the DSM maximizes the likelihood that resulting knowledge will benefit the children who are the ultimate source of our concern. It is no small consideration that this in turn helps to ensure that our research will be valued and perceived as relevant to the public health and mental health communities, which have an increasingly powerful influence on research funding priorities" (Richters and Cicchetti, 1993:3).

This is not merely a question of promoting harmonious border relations between neighbouring disciplines in order to ensure peaceful co-existence in the field of mental health. Its implications reverberate throughout the state's social problem apparatus with its mandate of managing the more problematic aspects of capitalist social relations: mental health, deviance, violence and crime (Morgan, 1981:19). A closer look at the procedures and concepts which provide the common currency – and legitimacy – for the sections of the state responsible for these social issues can provide a glimpse of how the state serves to reproduce capitalist social relations in everyday life (Ng, 1988:12).⁹

Characteristically, state agencies are tied in with professional forms of organization, and both are interpenetrated by relations of discourse of more than one order.... Integral to the co-ordinating process are ideologies systematically developed to provide categories and concepts expressing the reactions of local courses of action to the institutional function ... and providing a currency or currencies enabling interchange between different specialized parts of the complex" (Smith, 1986:8, quoted in Walker, 1990:12)

The Jesness Inventory can be seen to provide this sort of currency, a technology which does the bidding of the state's social problem apparatus and a variety of professional disciplines alike. It has the distinction of addressing issues central to state management and professional expertise in each of the areas of adolescent mental health, deviance, violence and crime. It is used by the Facilitating Program, despite its flaws, due to its widespread acceptance on the treatment complex and within adolescent forensic psychiatry, generally, and because of its perceived ability to determine whether a youth has anti-social attitudes. Endorsement through its use by the Facilitating Program simply adds to its credibility, increasing the likelihood that it will be used without the qualifying skepticism expressed by Jan Newcombe.

The Jesness Inventory warrants a full length study in itself. The account that follows can only provide brief suggestions of some of its more serious implications. The introduction to the Jesness Inventory opens with the statement that:

[t]his manual presents data currently available on the Jesness Inventory, a measure designed for use in the classification and treatment of disturbed children and adolescents. Although the Inventory was designed for use with delinquents,¹⁰ there are reasons to believe that the scales will prove useful with children and adolescents in a variety of settings....The Jesness Inventory consists of 155 true-false items,¹¹ designed to measure the reactions of young people to a wide range of content. A first objective was to include items that would distinguish disturbed or delinquent children from others; a second objective was to include items covering a variety of attitudes and sentiments about self and others in order to provide the basis for a personality typology for use with children or adolescents (Jesness, 1966/1972:3)

The introduction goes on to identify 11 personality characteristics and to outline how it proposes to measure the presence of each characteristic. It would appear that these categories are intended to represent deviations from the norm for they are couched in socially negative or anti-social terms. An apparent exception is that of "Value Orientation" which is expressed in neutral terms. Yet its description reveals a judgment which is anything but neutral. "Value Orientation refers to a tendency to share attitudes and opinions characteristic of persons in the lower socioeconomic classes" (Jesness, 1966/1972:3). One reading of this leads to the conclusion that holding attitudes in common with those of the lower socioeconomic classes, i.e. working class, puts a person "at risk" of mental disturbance leading to delinquency.¹²

The perceived connection between working class background and disturbed or delinquent behaviour is substantiated in the discussion of normative samples. Jesness observes that:

The majority of delinquent subjects in the normative group, both male and female, came from the two reception centers serving the California Youth Authority In this study a delinquent is defined as an individual who has been removed from his home by law enforcement authorities and referred to the California Youth Authority. The nondelinquent sample was obtained during 1961 and 1962 in ten public schools in Northern California. The majority of these subjects live in urban areas, with two of the schools located in small towns. Most of the schools were situated in what were described by school officials as "lower-class" socioeconomic areas. The reason for

selecting schools in the lower-middle- and lower-class area was to develop a measure which would distinguish delinquents from nondelinquents *regardless of social-class status* (Jesness, 1969/1972:20; italics added).

Jesness argues that, in order to control for social class background, the nondelinquent sample was drawn from a lower-middle and lower class population. Why? The operating assumption seems to be that all youths referred to youth "reception centers" [sic] are, by definition, lower-middle or lower class. Here the Jesness Inventory appears to confirm Jan's assessment that adverse economic circumstances contribute to the likelihood of behaviour which corresponds to the symptoms of conduct disorder. Jan objects to the attitude of the Jesness which, she believes – incidental to its primary objective of identifying kids with anti-social values – casts working class people in a "derogatory" light. What is overlooked in her remarks is what she shares with the Jesness: a perspective which, on one level, acknowledges the shared structural location which evidently contributes to putting working class males as a *group* "at risk" but which, on another level, pushes those common conditions into the background in order to isolate supposed anti-social characteristics which can then be used to identify those most "at risk" as *individuals*. The issue of social class recedes into the distance as the psychological profile of a conduct disordered youth is constructed.

Identified on the basis of their admission to a youth detention centre, the sample cohort of conduct disordered youths is duly decontextualized. Troublesome characteristics are isolated and defined. Tests to identify those characteristics are devised then applied to other youths who are similarly decontextualized. The end result is the reconstitution of youths varying in class, gender, sexual orientation, race, ethnicity and age as conduct disordered youths who exhibit measurable "tendencies predictive of social and personality problems" (Jesness, 1962/1972:3).¹³ The underlying causes of the objectionable behaviour are not addressed neither is agreement on the origins of the behaviour required in order to use the Inventory effectively.

This overall process is not unlike the one used by the D.S.M. which focuses on behaviour to the neglect of meaning and on reliability in diagnosis at the expense of identifying possible underlying causes. The Jesness Inventory manual offers clear documentation of the construction of this cultural logic:

What can we use as an estimate of the probability of a boy's becoming delinquent at some time during his preadolescent and adolescent years?

Besides the regional variation in any hypothetical "true" rate, his chances of being adjudged delinquent will vary with the local definition of delinquency and with the standards of treatment customary to the locale. In a study by Briggs, Wirt, and Johnson (1961), 32 per cent of 2000 boys, tested in the ninth grade (mostly at age 13) were shown in a follow-up study ten years later to have had contacts with the police involving "more than minor infractions." It is probable, however, that the group reported upon which consisted of the Hathaway and Monachesi sample (1953), were involved in less serious offenses than those of our current criterion group. Therefore, for present purposes, the assumption is that at some time between the ages of 8 and 18 approximately 20 per cent of the boys in California will be involved in delinquent acts serious enough to be of public concern (Jesness, 1962/1972:23).

Delinquency is used here as synonymous with mental disturbance. The incorporation of this test as a part of its assessment procedures indicates that the Facilitating Program accepts the use of delinquent as being equivalent to conduct disordered. A nod in the direction of local norms indicates an appreciation of the socially constructed nature of delinquency. The figure of 20% of the entire population of Californian boys appears to refer to those likely to have involvement with the police, suggesting that the actual number of undetected offenders will be a greater number – hence, of some concern.

The Inventory has been used by several investigators. Their findings indicate that the California sample used in the present study appears to be representative of delinquents and nondelinquents in other geographical locations, including England (Fisher, 1967, Davies, 1969, and Mott, 1969). Mott found the "scores obtained by the English approved school and comprehensive school boys on the Jesness Inventory subscales are remarkably similar to those reported for the California delinquent and nondelinquent samples respectively." There do appear to be consistent differences on the Immaturity scale, however, with English boys scoring higher. Reasons for this are not clear. With a sample of Scottish delinquents and nondelinquents, Vallance and Forrest (1971) found that, while most scale scores were similar to those of American youths, Scottish delinquents and nondelinquents scored higher than the American sample on the Alienation scale. This study also showed that the Asocial Index discriminated about as well between delinquents and nondelinquents as was true for the California sample. Chularton (1976) explored the usefulness of the Inventory with Australian Delinquents. He concluded that the measure successfully differentiated between delinquents and nondelinquents, with even greater differences shown between delinquent and nondelinquent females than was true for the California sample. The Inventory has been translated into several foreign languages but none of these studies have to our knowledge been published (Jesness, 1962/1972:25).

These encouraging comments open the door to an interpretation supportive of launching a normalizing project of neo-Kantian dimensions. On the one hand, the Inventory demonstrates a capacity to isolate universal human characteristics. On the other, it appears to embody a sensitivity to secondary attributes which differ due to variations in local conditions. Its potential global significance is attested to by the fact that it has been translated into a number of languages. The proof of its applicability internationally awaits the publication of test results. ¹⁴

The manual increases its credibility by acknowledging the numerous possible contributing factors including those of class and gender, their complex nature and the fact that the Inventory may be of little use in predicting delinquency among some youths. It acknowledges that the Inventory was based on male norms then goes on to support its use with a female population with qualifications and to display an appreciation of diversity within a broader unity and of a multi-causal approach to delinquency. It then concludes with a reaffirmation of its truth claims as an assessment tool.

In *Learning to Labour: How Working Class Kids Get Working Class Jobs*, Paul Willis (1977/1981) focuses on twelve youths who would fit the profile of the delinquents targeted in the English application of the Jesness Inventory. However, Willis' landmark study of the rebellion of English working class boys against school authority arrives at conclusions significantly different from those summarized in the manual. Contrary to the intentions of the Jesness Inventory, the focus of Willis' study was on "cultural form" rather than on individuals. ¹⁵

Willis adopted this perspective to try to explain the existence of a counter-school culture among working class males promoting behaviour which sabotaged their schooling, thereby undermining their chances of attaining anything other than working class jobs. He initiated his research at a time when the post war expansion of the economy had collapsed, throwing into relief the failure of education to provide everyone with equal access to jobs. With a zeal worthy of William Ryan's *Blaming the Victim* (1971), reformers turned their sights, not on the economy or on the education system itself, but, rather on the recipients of education:

In the hands of the policy makers the sociology of education dug deeper and deeper, tunnelling ever further back into family, childhood, individual psychology, and isolated cultural effects to identify the source of "failure."

Class (and the analysis of class) really only made its entry to designate a huge tautology: working class people suffer educational and cultural disadvantages; people who suffer educational and cultural disadvantages are working class. There was no *explanation* of these things, nor any suggestion of how unequal class relations and capitalist production might be centrally implicated in them (Willis, 1977/1981:204; original italics).

Willis' investigation led him to conclude that counter-school culture is an expression of working class males' assessment of their chances for advancement in a class society. In effect, it represents their refusal to be duped by the liberal rhetoric which declares that education will eliminate the effects of class inequities, allowing each person to compete as an equal without fear of discrimination. Rather than "being 'ignorant,' 'anachronistic,' 'pathological,' and in need of eradication, such cultural responses may in certain important respects be *in advance* of the understanding of the liberal agencies" (Willis, 1977/1981:205; original italics). Liberal rhetoric, in Willis' view, effectively obscures the fact that, in a class society, social integration requires that education prepare most working class individuals for their future within those conditions of inequality (Willis, 1977/1981:204).

In his afterword to the book's second edition, Willis emphasizes that while his focus was on one variant of working class culture -- the male counter-school culture -- he did not discount the importance of carrying out similar investigations in terms of gender and ethnicity (Willis, 1977/1981:217). Neither did he ignore the fact that the book would receive a less favourable reception in North America than was the case in the United Kingdom (Willis, 1977/1981:214):

[T]here seems to have been a much greater emphasis on the individualizing and a certain kind of the psychologising of "social problems" in North America, which must act to break, hide, or fragment some of the processes described in this book And if individual and certain kinds of psychological categories reign supreme (so that one day, perhaps, every disaffected child will be given an individual counsellor), then general social processes can soon be turned into personal "failings." None of this suggests the irrelevance of "cultural forms," but rather the greater urgency of recognizing their variety and connection -- before whole sections of the school population are "psychologised" (Willis, 1977/1981:216).

Willis' concerns appear to be borne out in the Jesness Inventory, one of the tendencies of which is the psychologising of social problems. Class appears as a founding tautology -- working class people (primarily males) exhibit disturbed and delinquent behaviour; people who exhibit disturbed and delinquent behaviour are working class

(primarily males). The class implications of Jesness' argument are increasingly marginalized in the course of outlining a technology which centres on the identifying, defining and measuring of anti-social characteristics of individuals. Nevertheless, Jesness' text supports a reading that working class individuals occupy a social position structurally opposed ("anti") to the interests, attitudes and norms of the status quo ("social"). A logical application of his position would lead to the working class, collectively, being monitored and treated, individually, due to the high potential for disturbed or delinquent behaviour.

Another way of arriving at this conclusion is by sketching a representative profile based on the characteristics associated with delinquent or disturbed youths. According to Jesness, these individuals do not act in a socially acceptable manner and they adhere to values of the working class. Their perceptions are immature and self-centred and display a distrust of authority. They are conscious of angry feelings which they act out while tending to be uncomfortable in the face of these feelings. They are inclined to be self-isolating and socially uncomfortable. Normal emotions are repressed and life's unpleasant incidents and circumstances are denied. Finally, problems are usually solved in a fashion which is dismissive of social conventions and norms.

Jesness' intention to present these attributes as being socially negative seems undeniable. What is equally apparent is that what is socially dominant is seen to be socially desirable. Anti-social behaviour is an undesirable reaction on the part of individuals – most of whom are from the working class – due to their psychological makeup. That this oppositional behaviour is, in fact, negative or undesirable is self-evident only when viewed from the position of the status quo. In fact, this logic leads to the converse conclusion that middle and upper class youths tend, by definition, to be pro-social, healthy in mind and in conduct. For the Jesness Inventory, it is enough to identify and define the psychological characteristics of delinquents and to measure their occurrence. Explanations of causes will be multiple and are best left to others.

By contrast, Willis' study supports the view that existing social norms may be the very conditions which cause one to be angry and frustrated. If these norms are judged to be unfair or discriminatory, distrust of authority may be not only understandable but also reasonable. Acting out against these norms may be a socially responsible action advocating social justice. Discomfort in the face of this action is an understandable response given the possibility for reprisals at the hands of the dominant order. Conceivably, these norms may reflect the ideological, economic and/or political expression of structural inequalities due to

exploitative and oppressive class relations – hence, the appearance of sympathy with lower class values and attitudes in this list of “anti-social” tendencies.

This is not to argue that Paul Willis has provided the definitive reading of the circumstances of these “lads”. “The ‘same’ text can produce equally competent but widely divergent readings or receptions from exactly the same ‘data’” (Theron Britt quoted in Waitzkin, 1991:289). Certainly, Willis acknowledges the limitations of his account and that multiple readings are required (Willis, 1977/1981:207).¹⁶ To do otherwise is to open the door to the danger of normalization, whereby one perspective dominates all others in its pursuit of ultimate conclusions which will always elude its grasp. To his credit, Jesness includes social theories in his list of possible explanatory models. However, the prevailing momentum favours psychological, biological and social analyses which neglect or marginalize the issue of social structural inequalities.¹⁷

It is important to recognize that the perspectives and technologies employed to construct data tend to predetermine the nature of the treatment or care proposed to resolve the difficulties. This view finds support in Howard Waitzkin’s assessment of the practice of doctors, an evaluation which could be extended to include health professionals, in general, and mental health professionals, in particular. As Waitzkin indicates, the proposed resolutions tend to be pragmatic. They rarely identify the need to transform systemic inequalities, concentrating instead on “seeking limited modifications in social roles” (Waitzkin, 1991:23) intended to assist the individual to cope with the immediate circumstances while leaving broader contextual issues unaddressed.

This critique appears to be applicable to the Facilitating Program. The Program utilizes the Jesness to document anti-social characteristics, the presence of which are attributed to a history of insults to attachment. Emphasis is placed on identifying anti-social attributes within the individual as part of a care plan process which takes as its basic unit of analysis the individual-within-the-family-and-immediate-community. Explanations of the origins of psychological distress remain couched in intra and inter personal dynamics with the consideration of social structural inequalities being marginalized in the Facilitating Program’s perspective and practice. What is portrayed as being a scientific attempt to facilitate the benevolent treatment of disturbed and delinquent youths takes on disturbing ideological features of the social control of a particular class. Certainly, it can be argued that this is an unintended consequence. Yet it is a consequence nonetheless and one which

supports state measures which ensure the reproduction of capitalist relations (Hall et al., 1978; Morgan, 1981; Ng, 1988; Smith, 1986; Walker, 1990).

CHAPTER NINE – EDUCATION REPORT

Narinder Bohal from the education department of the Facilitating Program begins his report by filling in the details of Chris's school successes and difficulties mentioned in Ken's initial presentation. Report card comments support Karen's statements about Chris' turbulent school history. An evaluation from the psychiatrist consulted when Chris was in grade four concludes with the observation that, in Narinder's words, "many of Chris' problems have an organic basis." In a manner similar to that of the social history and family assessment, the educational assessment incorporates information from sources beyond the purview of the Facilitating Program's staff. As such, it is presented with the disclaimer that the accuracy of that information cannot be guaranteed and may, in fact, simply represent the opinions of others. It also limits the applicability of its recommendations to current circumstances, urging that considerable caution and care be exercised in the use of the report in future years "due to the changing and developing nature of children."

The testing component of Chris' current educational evaluation consisted of an interview and three assessment exercises. The Woodcock-Johnson Psycho-Educational Battery - Revised is described as a set of individually administered tests which offer a wide range and comprehensive means for measuring cognitive abilities and actual academic performance. In general, Chris' capacities were judged to be average with low average noted in the area of mathematics. His actual achievement was a reversal of these results, generally low average with the exception of average performance in reading skills. The Wechsler Intelligence Scale for Children - III - Revised is a test of general intelligence intended to assess particular verbal and visual-spatial capabilities. Chris' verbal rating was low average while both his performance and overall score were average. Finally, Chris was given the Piers - Harris Children's Self Concept Scale, "The Way I Feel About Myself." His score of 26 when compared to average scores between 40 and 60 was considered to be indicative of very low self esteem. Chris' testing sessions took place for short periods spread out over three days due to his inability to concentrate. He yawned frequently, appeared to be tired and required regular reassurances in order to stay on task.

Unlike the other presentations this morning, the educational assessment has the distinction of being the only report whose summary and recommendations typically find themselves reproduced in full in the completed care plan. Narinder spends the majority of

his 15 minutes focusing on these sections [Care Plan – School Issues:pp. 190-194]. Narinder closes his presentation with a request for information from Karen and Chris' social worker:

"I need some clarification about Chris' involvement in the school intervention program. It's not clear to me whether he is still enrolled or whether he has been suspended."

"He's suspended," Bill Steele says, "due to physical acting out."

"He would benefit from close supervision, " Narinder replies. "He has very limited attention span. He also needs assistance with how he holds his pencil. He writes and draws with his hand in a hooked position which obviously makes it very stressful for him."

"I've worked with him on that," Karen says.

"I'll talk to his teachers," Narinder adds.

"When you make your recommendations to the school," Keith says, "you might want to suggest that he be given one-on-one direction away from the aisles, possibly on a computer."

"Was he kept on anti-depressants?" Karen asks, directing her question at Keith.

"We take them off everything they're on while they're here. Otherwise, we don't know what we're dealing with."

"I was just wondering about the yawning."

"His foster mom commented on his bad sleeps," Bill interjects.

"He may be experiencing flash backs," Keith says. He pauses. "Any further comments?" He then turns to the next person for her report.

As my presence in the Facilitating Program classroom might be too disruptive, it was suggested that I meet with Eric Matson of the education department to discuss the background to the education report. Eric explained to me that the educational assessment involves a review of the student's entire school history. This includes consulting all the available documents such as progress records, attendance records, special program reports, etc. Teachers' comments are of particular importance to determine whether their observations correlate with the results of the current testing. Typically, the education specialist talks to teachers from the previous year or two in order to compare impressions

of the student and to outline significant themes. This information is checked against the youth's behaviour in the Facilitating Program school and discussion with the primary child care worker takes place in order to arrive at a description of the underlying dynamics.

Eric placed particular emphasis on how the education component of the care plan process has evolved from its initial function of summarizing the youth's school history, documenting academic deficiencies and making recommendations for remedial studies. At the heart of its present activities is a focus on identifying existing cognitive liabilities in order to assess the possible impact of these deficiencies on school and social learning, in general. This information is then used to make management suggestions which clearly place the onus on educators to modify their practices and expectations to meet the needs of the youth, rather than attempting to alter the individual to fit into the prevailing school system. Under Eric's direction, I was given the Woodcock Johnson test for cognitive abilities. Afterwards, we discussed its implications:

We attempt to see the kid's cognitive ability and determine what we can do to facilitate it. We try to do this within a consideration of affiliation, ecology and mutuality. This is probably the most difficult aspect. Rather than change the kid, we need to change the ecology. This represents a subtle shift in which the focus is changed from "Johnny should..." to "one should." Psychology has tended to look at the emotional side – for example, depression – whereas we tend to look on the cognitive side. Then we attempt to blend our understanding. For example, psychological behaviour may be due to anxiety; anxiety may be due to cognitive deficiencies.

The Woodcock Johnson helps us to get at how the kid processes the information. Here I'm talking about information being all the input that is sent out. How much of what is sent out is actually received? Auditory, visual – how much can be retained for how long? Can the kid hook it up to what she already knows? Can the kid apply any reason to it? From that, we get a 7 point scale that represents the kid's competency in these areas. We can then translate this to what the kid can be expected to receive from both a structured classroom and an unstructured classroom and school yard situation. For example, if she has problems with auditory processing, we can extrapolate she will have troubles in the classroom and problems in the play ground and at home as well. The test helps us to get at communication skills -- writing, reading, listening. Or get at different languages – demand language where kid has to supply some reasoning as well as more spontaneous language in which the kid tells you what she did yesterday.

We try to find the cognitive levels in the different areas so that we can recommend to the teacher to drop off on lectures and give visuals, for example. [The Woodcock Johnson] will give us age and grade equivalencies. I do it on the basis of age because the kids are all over the place in terms of

their grade level. This gives me a percentile readout where the kid stands in terms of the general population.

[As we administer the test], we will watch for irritation, frustration, signs of giving up. Anxiety is frequently a factor. We're not able to say the deficiency is due to anxiety or [the anxiety] is due to the deficiency in processing auditory messages. But if the kid gives a physical indication, we may be able to make some assumptions. With some students, anxiety is a part of every test situation. I would then try to help them to relax, to see this as more of a project than a test. We haven't been able to come up with another descriptive word other than test. Psychologists can use interview but, when you come down to it, this is a test. And the word test sets up a negative atmosphere to begin with.

The individual exercises are designed to measure a particular capacity. If the student doesn't recognize the word, is she able to employ other strategies to try to figure out what it is? We're attempting to describe how the student processes information, not how intelligent she is. Where her strengths and weaknesses are. General background information [is one resource we measure]. The ability to analyze and synthesize is another – the ability to take things apart and put them together, the ability to reason. Often we will look for a match. A deficiency here robs you of a whole resource base that you can use. If you're weak in terms of general background information, you probably have trouble reading or writing because you don't have a great base of knowledge. If your reasoning ability is strong and your general background of knowledge is weak, chances are that you [process information] at a simple and naive level. Flags pop up when I test the kids, so I'll know what else to look for.

Processing of visual information [involves] not just visual in terms of eye receiving the message, but how your mind puts the visual cues together. Some kids have problems because so many options come to them – for example, hyperactive, Attention Deficit kids – there are so many possibilities that they get tired sorting it through. Short term memory [is another we look at]. Many kids have a difficult time because they forget that the test key at the top of the page is available to help them sort it through.... Somehow they feel that they should know the answer without the key. I watch for that because that may be a classroom behaviour. They don't believe that you can learn. These kids are what I would call "unempowered" because they see things happening outside their own ability to influence things. They don't see things such as effort, study, homework, practice, review as benefitting them. If they succeed, they think that is lucky and everything else is affected by the outside. If I pick up on these cues, I'll watch for it when I read the report cards or talk to the teachers and see if that is the case.

With Auditory [deficiencies, kids can] compensate by questioning. Processing [involves] how fast you can deal with the information. This [deficiency] can be due to wanting to be certain or a need to make sense. How quickly is the student able to assimilate information? Some people

need time to put it into context. [They learn to] avoid [situations requiring this ability] or they compensate. Long term retrieval [relates to] the ability to store and retrieve information. Visual and auditory is stored then retrieved. Storing may be a problem. Or hearing a symbol and matching it with a name may be an auditory problem. [Many kids] compensate by writing. Kids that score low here often have a difficult time at school. School tends to be very memory dependent in the sense that you've got to remember kings, rivers, provinces and [other] facts. So it's very memory intensive. You've got to constantly match what the teacher is saying to a picture or something. The kids that have a problem here have a real problem if they don't find some strategy. They often are underachievers or drop outs. [The final area is] another sort of long term memory retrieval but with a contextual component in which things can be hooked together or related in some way.

How you feel [when you take the test] is going to be a factor. It is an important factor for the students here who can be very volatile. They come in here angry or depressed. It's an important consideration because you're not dealing with a kid who has had a positive experience in the classroom who is walking in for some testing. It taints the results. At that point, secondary observation comes into play. If the kid seems angry or too frustrated or too depressed, we'll call it a day. Or I'll talk them into feeling somewhat more positive. There are any number of issues, but that's part of the package. And you don't know. The exactness of the figures, I wouldn't swear in court by. Difficult to fake high scores, easier to explain low scores.

Students without a capacity to process information can do better than students without a capacity to retain specifics in school, given the culture of the school system. Differences in ethnic and gender cultures will have an impact on how well a student will do in the school culture. If we could break through the gender bias, make it more neutral, we might get some insight into how structural we are in determining how people think and perceive and conceptualize. Gender bias in terms of stereotyping is extreme. Ethnic cultures add a furthering complicating dimension to education.

The early model of education was an inflexible system that was compulsory. To a certain extent this still exists. When you begin to introduce a whole bunch of variables, you introduce a kind of panic. This is what's happening now. Basically, what I see is teachers dropping like flies in the next few years. You introduce kids with varying cognitive abilities. In a sense that has always been there, but now the spread is greater. You're getting everything from the mentally educatable to under-achievers, bright students, gifted children within the same class. So you're having to cater to a whole range of cognitive abilities. Within that you're getting kids with learning difficulties. You're getting kids with physical difficulties of some sort, physically challenged. Kids with language difficulties, English as a second language. Kids with all sorts of social problems. Behaviour disorder, that sort of thing.

At one time, the model allowed teachers to focus on the academic. If you don't do this math, you're going to fail. You'll need to spend another year in

this class. You're not going to be able to go to university. Now you're getting a kid who may not ever be able to learn that. She will not reach that level. Or the kid that doesn't care. So the academic is not the main thrust. We still hold on to it because it's the reason for being but you've got a kid who doesn't give a damn and who isn't cooperating. Or you're given a kid who has got low cognitive ability so that is going to take a lot of time to internalize information or someone who is educatably handicapped, who is not going to be able to do long division, regardless. You might as well hand him a calculator now and go to it. Just a tremendous mix. And you have the administrator at whatever level saying we have to protect the integrity, we can't spread too thin. And I know they are right. We can't spread ourselves too thin. But we are being asked to do it.

What factors have brought about this change?

Certainly, economics. If you use the train analogy, it doesn't matter where you came from when you board that train or whether you're a new immigrant or whether you're a third generation Canadian. You came and sat and stayed as long as you.... Certainly, when I was in school which was the '40's and the '50's kids would drop out after grade 8 as I did. In the '40's, after grade 6 was not unreasonable. And you would stay even if you had to stay until you were 15 in grade 6. Fine. It was just part of the whole thing. Part of it was that you were part of the whole community. While you were a grade below, you were still part of the total thing. There wasn't a concern. There wasn't the identification. When I think back to kids I knew at school, they didn't have labels – slow learner, English as a second language or whatever. I remember a kid coming in and there was a big 'do' in the school just to make sure that we all understood that he was coming to the school and that he couldn't speak English and that we'd have to be tolerant and try and help him. That was a big deal. That was one kid in a population of 5,000 in the town and maybe 800 or so in the school.

As time went on, I think our general understanding increased. You can never ignore the intuitive understanding of the natural teacher. You hit them every once in awhile. You know in the movie "The Natural", the guy gets up and he can just do it? I think there are people in teaching who are just naturals. They instinctively know or they would be observant enough to know that this is Johnny and his brother was like this. But our general knowledge and understanding of learning – the way it happens and some of the problems with it – became more known. And I think that once we begin to identify that, once you get a diagnosis, then a prognosis sort of demands itself. As a matter of fact, part of the problem we had here is that we were saying we've got a lot of kids with learning disabilities. It's not that we can just run a regular classroom. Once you've identified them, the question becomes what are you going to do with them. The requirement is that you provide an education that is appropriate to the student. Now you have to bring in people who know a little bit about it to deal with it. And so it spreads.... I don't know whether our economy and our administrators really are prepared to compensate. I think the economy is a strong factor. It would be similar to

saying -- to use a clinical model -- we think we have a whole bunch of diseases here, let's get the specialists in and let's put them all in one room and have one person deal with it. And that becomes an impossibility.

As a mechanic, for example, if you were at your stall and in the day twenty cars were driven in, all of them different makes, you're required to work on them. You're required to attend to all of them during the day and to try and diagnose what is wrong with them and try and fix it. The requirement is that while you want to get them to a certain level of operation, you have to make sure that you address them all. It becomes clear that becomes rather confusing. Because just when you have an insight on one, you have to move to another. Not only that but, from time to time, the [garage] owner is going to rap on your stall and ask you for information or whether you can take another car. And from time to time, the owners are going to walk in and want to know when their car will be ready and why you've taken so long. I think that gives you an idea of what has happened in the classroom.

For the most part, the perspective and techniques employed by the educational consultant either originate in or are adapted from the field of psychology. The principal intent is to isolate individual characteristics independent of the productive effects of the assessment procedures¹ and then modify the social setting to meet the needs of the individual student. Many of the professionals working in the Facilitating Program appear to be aware of the inconclusive nature of their results, mediated as they are by relational effects past, present and anticipated which influence the outcome of their respective inquiries. Yet they carry out their investigations, using assessment instruments which they recognize to be flawed, in the pursuit of evidence of personal attributes which exist independent of their analytical procedures.

To a considerable extent, their persistence is due to the fact that psychology's credibility as a science rests on the premise that the individual is comprehensible. One of its fundamental tenets is that the various characteristics which comprise the person are measurable. The implications of the quantitative procedures outlined in the discussion of the psychology report -- the Jesness Inventory, in particular -- carry over to the procedures used by the education consultants. In both instances, the assumption is made that it is possible to isolate features internal to the person -- aspects of "the essential individual, separate from the social domain" (Hollway, 1984:55).²

Individualism appears to be pivotal for both ensuring the basis for a reasonable degree of coordination between the various professions (Venn, 1984:121) and for promoting a receptivity to the normalising discourse concerning the person under scrutiny. The stated objective of the Facilitating Program is to foster supportive relations between the youth and

the immediate community. However, the bulk of the findings which provide the substantive frame for the care plan are derived from interviews, tests and observations which focus on the individual youth. Family dynamics, for example, may be of concern to social worker, psychologist, education consultant, child care worker and psychiatrist alike. However, the vast majority of the facts that make up the various care plan reports refer to the individual “who is singled out as target, by reference to norms of conduct that establish degrees of deviation and the boundaries of acceptable behaviour” (Venn, 1984:121).

The concept of individualism is an elusive one. It comes cloaked in the mystifying clarity of common sense and is further obscured by the immediacy of quantified facts (Venn, 1984:130). The normative premises which anchor the mental health professions tend to coincide with the dominant view of sociality in which the individual is the basic unit of analysis. As our examination of the D.S.M. and the Jesness Inventory make evident, the preoccupation with the so-called individual to the neglect of the social tends to coincide with the ready acceptance of the middle class, male, Eurocentric model of normality (Gaines, 1992; Venn, 1984:130). The operating presumption is that dominant expressions of sociality – prevailing relations of intersubjectivity and power – are unproblematic (Venn, 1984:130). This mindset suggests the continuing legacy of positivism, one in which decontextualization will face little opposition.

[P]sychology ignores the historically specific character of what it takes to be its pre-given object; the subject of psychology is the ‘rational man’ [sic] with no past, or rather whose past has receded to a mysterious point of origin. It appears on the scene in the guise of the naturally normal ‘man’, behaving according to norms that in the end are underwritten by biology (Venn, 1984: 140).

This would appear to be an overstatement in the case of the Facilitating Program considering the efforts made to trace the life experiences of youths as they encountered and engaged in specific social relations of family, school and neighbourhood over time. Certainly, the social history is acknowledged by each of the contributing disciplines as being critical to its individual contribution to the care plan process. Yet the questionnaires and tests which supply the psychology and education departments with much of the data supporting their conclusions rest on assumptions of normalcy which pay little more than lip service to questions of social context. Instead, the findings indicate the degree of correspondance with or deviance from standardized tables, themselves the product of

decontextualized enquiries. All too often, the meaningful experience of individuals is reduced to a binary response with statements of true or false considered to capture human existence in all its complexity. What lies at the heart of this approach is the very basis of psychology's claims to scientific credibility: its object of study as a pre-given entity. Significantly, "[i]n so far as [psychology] creates a regime of truth premised upon a psychological individual then it prohibits other formulations which do not repeat the individual-society dualism" (Walkerdine, 1984:197).

The radical historicist perspective allows us to throw into relief positivist notions of individual and society as predetermined entities, alerting us to the fact that the individual is an ensemble of social relations. Rather than being a fixed entity, a person is a dynamic, self-constitutive process within specific social conditions which, in turn, act as regulative forms shaping an individual's sense of self. With this shift in perception, conventional duality (Henriques et al., 1984b:24) can be replaced by the realization that both objects of study – the individual and society – are socially constituted under specific historical circumstances. The procedures employed to identify and assess are now understood to be productive of the very objects they intend to study (Venn, 1984:133).

What is crucial to our understanding is that psychology, much like all the other social sciences, is basically a productive enterprise (Henriques et al., 1984:1). It constructs rather than discloses its objects of study (Venn, 1984:133), simultaneously classifying, administering and regulating these objects by means of technologies shared by professionals in areas as diverse as education, social services, and health.³ The effects of these activities can scarcely be considered to be benign. The regulative tools used by psychology and related professions involve normative procedures of evaluation and prediction, features integral to its assertions of legitimacy as a science (Henriques et al., 1984d:3-6). These practices enable psychology to play a decisive role in the constitution of what it means to be an individual. Not only is psychology central to the conventional representation of individuals but also its language and practices (in)form our subjectivity, providing us with the means by which we shape our senses of individuality and self-awareness.

The critical interpretive perspective argues that objects of study are not comprehensible independent of our actual relationships with those objects. No longer pre-given objects of study, conceptions of the individual and society are re-cast as particular consequences of specific discourses. They are social products requiring deconstruction

within relations of knowledge which are destined to impose their own unique set of insights and limitations upon the outcome. Our technologies of knowledge have effects on the objects of those procedures.

For the social sciences, these consequences are not unrelated to the administrative and regulative practices associated with these disciplines. (Henriques et al., 1984:92) The emergence of disciplining practices which gave rise to the production of the normal subject – typically, the individual of psychology – coincides with the rise of capitalism, particularly the apparatuses of the welfare state. Yet they should not be understood to be produced and wielded by a monolithic force bent on oppressing those unfortunate souls who find themselves slotted in other than the dominant categories of class, gender, sexual orientation and the like. As often as not, these normalizing processes are authored and advanced by progressive individuals captivated by the prospects of science to bring about human emancipation (Walkerdine, 1984:165).⁴ Neither can individual disciplines be understood separate from their interactions with their counterparts nor from the overarching constraints of existing social policy administered by the state. These influences are mutually constitutive with the dominant trend being one which tends to individualise, psychologise and decontextualize social phenomena.

CHAPTER TEN – RESIDENT ASSESSMENT PROFILE

Donna, Chris' primary child care worker, gives a 10 minute overview of Chris' behaviour while living in the residential unit. Her report is divided into sections relating to recreational involvement, lifestyle topics which address vocational and social issues as well as self-care in terms of personal hygiene, and sexuality. The presentation, virtually a verbatim reading of her three page report, closes with comments on Chris' health and on his attitude towards his life at home.

Her observations on Chris' behaviour while at Crossroads echo many of the remarks contained in the social history and family assessment. She recounts how Chris participated fully in many of the recreational opportunities such as swimming, bowling, art and guitar playing. He required close supervision to complete many of the chores. His interactions with others were problematic.

Throughout his stay, Chris appeared very scared, very apprehensive, hyper and defiant. Chris often hid so that staff and peers had to look for him. He was unable to take responsibility for his behaviours and set himself up to be a victim. Items were often destroyed in his room and he would blame others, but it was obvious that it could only have been Chris that did it. Chris had trouble interacting with his peers as he would continually set himself up or bother his peers to the extent that they wanted nothing to do with him or they would try to hurt him. When Chris got himself in trouble, he would try to get his mom to bail him out. Chris did not seem to bond or affiliate with peers or staff.

Chris had many problems settling at bedtime. He seemed unable to control himself and would do such things as hide inside his mattress, other kids' rooms, the girls' wing or flood the hallway with water from the showers. Chris was involved in a lot of random property damage ranging from broken cups, destroying a mattress, and vandalizing a staff member's car.

Chris was also involved in a shoplifting incident, for which the R.C.M.P. will be laying charges. Chris was quite upset about the shoplifting charges and upset that his mother knows what happened. He is also blaming the incident on his peers saying they forced him to do it. Chris was assessed restitution for his damage. Chris also set off the unit's fire alarm by lighting birthday sparklers on fire.

Chris could be very verbally abusive and physically abusive. He would push staff into walls, punch out at them, and spit. He had one incident of squeezing a staff's hand and refusing to let go so that she had to yank her hand out. He then went yelling to his peer to squeeze hard as it hurt the staff member. He also grabbed a Christmas tree ornament from the tree,

smashed it and threatened staff with it. Chris never showed any remorse for his behaviour nor did he ever apologize.

Chris was unable to express his feelings or thoughts, except to say that he was scared when his peers wanted to get at him. Chris always acted out his feelings rather than talked about them. Chris was unable to hear "no" or "wait" or negotiate for privileges/goodies. During the first two weeks of his stay, Chris would throw himself on the floor and cry or run and hide. During the last two weeks, he would express his anger through destruction of property, throwing chairs and running if "no" was heard.

Chris could take care of himself [in terms of personal hygiene]. Daily, he had a shower and dressed. He did his own laundry. He would clean his room for his allowance as well as change his linen. Chris usually needed support to do this as everything caught his attention.

Chris had an incident of being bitten by a female peer because he had been grabbing at her breast. This was done in the context that "everybody was trying it". Chris told myself that he had never been sexually active but wonders about it a lot. In the last week of his stay, Chris had been doing a lot of inappropriate sexual acting out both verbally and physically. For instance, Chris has told both female and males to "suck my dick" and pretends to masturbate in public.

For the first seven days, Chris refused to eat at the same time as the rest of the peers/staff. Chris told me that he had lost his appetite and lost ten pounds within the last month and as well had problems sleeping. Approximately ten days ago, Chris had one incident of sniffing glue.

Basically, Chris talked about no one except his mother whom he missed and is homesick for. He said his mom buys him things for no reason at all. Chris said he didn't attend his care plan meeting because he did not want to hear about the sexual assaults or about the shoplifting incident. Chris did wish to let everyone know that he wanted to go back to his mother.

"He has really been acting out, eh?" Karen says, "I was crying when I was talking to him and hearing about what he has been doing."

"Yes, he has become more defiant during the past couple of weeks. Spitting on pictures of the staff...."

"That's the down side of having kids in this program," Keith observes. "They get a fair amount of tutoring and we can't do anything about it."

The Resident Assessment Profile is based on information compiled by the primary child care worker or psychiatric nurse from a variety of sources. The youth's activities are charted in daily notes. In addition, the shift head, primary worker and secondary workers fill

out standardized forms which comprise the bulk of the material assembled by the primary worker for the final report.

During Chris' stay on the unit, I spent time talking to him and observing his behaviour with the other residents. I also attended shift changes and recorded the comments of the staff members related to Chris and to the general dynamics on the unit. This provided me with a certain understanding of the context which informed the remarks made by Chris' primary worker at the care plan meeting. Chris' arrival on the unit coincided with an especially turbulent period at Crossroads. Sirhan Singh, a large, aggressive fifteen year old, entered the care plan process and quickly established a reputation for intimidation unequalled in the Facilitating Program's brief history. Resident and staff alike were routinely threatened; property was damaged and, at one point, the police had to be called to disperse a group of residents under Sirhan's leadership who appeared to be on the verge of starting a riot. On a number of occasions during the initial part of Sirhan's stay, I had the sense that the staff members' apprehension was being communicated to the residents with a corresponding rise in the general level of unease. At times, the tension on the unit was palpable with the atmosphere during shift change being especially charged. The staff members going off shift used this moment to debrief upsetting incidents while the oncoming staff anxiously sought reassurances that they were not walking into a state of siege. By the end of the first week of Sirhan's stay, the shift heads were able to re-establish a sense of equilibrium. However, the threat of impending crisis remained during the entire length of Sirhan's time on the unit.

Chris appeared on the unit shortly after Sirhan's admission. Sirhan's impact on Chris was dramatic. The daily entries in Chris' chart provide a brief glimpse of what was unquestionably an extremely upsetting period for Chris. Sirhan evidently sensed Chris' vulnerability and lost little time in exploiting it to the fullest extent possible. Chris, on the other hand, quickly determined that the safest place was the "time out" room, a locked room where youths spent time "in seclusion" ostensibly in order to regain their composure. Chris provided the only instances I observed where access to the room was voluntarily requested by a resident and the only occasions where I witnessed the staff use the "time out" room to protect one of the youths from another resident. Chris' chart included the following comments:

Day 3	feeling safer when the door is locked at night
Day 4	fearful of peers; youth is terrified of this place and is the scapegoat for all others; remains fearful of threatening peers, but also seeks opportunities to be 'naughty' himself
Day 7	hooking into hyperactivity on unit; attention seeking through negativity; states himself that he was much more 'negative' in Crossroads environment
Day 9	seclusion; a female resident told the writer that he [Chris] is wanting to be in seclusion and looking for any reason to be in seclusion; he feels 'scared'; he feels unsafe around [an unspecified] male resident; when Chris found out his threatening male peer was not on the unit, he immediately relaxed, became smiley, and chose not to be in seclusion

My notes from shift changes during this interval include a running commentary on Sirhan's terrorizing exploits. It also details the various tactics used to defuse his impact on the residents throughout the complex, including the co-ordination of a standardized course of action to be followed by all the Crossroads staff members when faced with Sirhan's escalating belligerence. Additional staffing was provided and a protocol was set in place so that staff members would know when it was appropriate to call for the police. Interspersed throughout my notes are verbatim comments about Sirhan's threatening behaviour and its impact on Chris: "Sirhan grabbed Chris by the throat and held him up off his feet"; "I gave him [Sirhan] eleven 'time-outs' yesterday; he was able to tell me that it was eleven when I asked him"; "Chris is the worse victim I've ever seen".

These developments take on particular significance when it is recognized that they provide the context for the reports given during the care plan meeting. For example, Chris' psychological testing and interview took place during this interval and the psychological report included the following observations:

With regards to mood, Chris reported that he was mostly happy at Crossroads, except when the unit staff did not follow through on a bargain that they had struck with Chris.... He stated that his appetite was less than normal because he did not like the food, but that he did not have any problems sleeping, except for having had a nightmare the night before the interview. He denied having any thoughts of self-harm. Chris denied feeling worried about anything or anyone in his life.... Chris' responses on the Beck Depression Inventory suggests that he is not acknowledging significant symptoms of depression. He endorsed an item indicating that he has

thoughts about self-harm but that he would not carry them out. He also indicated that his appetite is much worse than it used to be and that he has recently lost 10-15 pounds. He also indicated that he is somewhat concerned regarding physical aches and pains and constipation, symptoms which are sometimes indicative of somatization....

The formal testing referred to in the education report also took place during this tumultuous period. The following observations were made of Chris' behaviour:

Chris approached the testing situation with apprehension but began to relax as the testing progressed. He exhibited very limited attention span. Consequently, the testing was carried over a number of short sessions spread over three days. Chris appeared to have very low frustration tolerance level. As soon as he was faced with a slightly difficult question or task, Chris had a tendency to give up. On a number of occasions, he had to be coaxed and encouraged to complete a task. He seemed to be quite anxious and insecure and often asked the examiner if he had given the right response. Sometimes his responses were slow in coming.... Chris had difficulty sustaining attention for more than a few minutes at a time. He would often yawn and appeared tired. Consequently, the testing had to be completed through several short sessions. Chris' low self-esteem and anxiety was evident from his need for frequent feedback, "Is that right?" was his frequent query of the examiner. At times, Chris also appeared to be easily distracted and had to be reminded to get back on task. He would often make excuses. Chris had a tendency to give up easily, especially when a task became rather complex or difficult.

At the completion of the education report, his mother had inquired about his yawning, wondering if he was on medication. The community social worker reminded Karen that Chris had been sleeping poorly prior to being admitted to Crossroads. Keith Johnson then assured her that no medication was given during Chris' stay and suggested that his apparent drowsiness may be due to sleep disruption caused by flash backs.

Chris' responses in his interview, his behaviour throughout the assessments procedures, the test results obtained in these sessions and his observed conduct while living at Crossroads informed the evaluations provided by the departments of psychology and education and the residential unit. Considerable speculation was made about the possible reasons motivating his actions. Yet what was conspicuously absent from each of these accounts was any attempt to situate Chris within his actual circumstances for the three weeks prior to the care plan meeting. The immediate context in which Chris found himself appeared to be of peripheral significance in arriving at an interpretation of the meaning behind his behaviour.

The potential seriousness of the distortions which can occur when transforming contextualized discourse into portable texts was further revealed to me while I was monitoring another teenager's passage through the care plan process. Yvonne is a fourteen year old adolescent who, according to the summary contained in the psychology report:

is currently functioning in the Borderline range of cognitive abilities overall, but with poorly developed skills in the area of common sense judgement in practical social situations. Despite an early history of chaotic caretaking in the care of her natural mother, Yvonne appears to have settled well into her adoptive family and formed strong bonds with family members – in particular, with her mother and sister. Furthermore, despite some difficulties with attention, math, and spelling, Yvonne appears to have coped well in her early school years and was not considered a behavioural problem either in school or at home. However, from the time she and her family moved to Ash Grove in 1989, she has been subjected to a great deal of psychological abuse at the hands of her peers relating to her Native heritage and her difficulties making effective judgments in social situations. Not surprisingly, Yvonne's experiences have eroded her previously strong sense of self and contributed to her current lack of positive identification with her Native heritage. It is also not surprising that Yvonne eventually gravitated toward more antisocial peers and behaviours in her attempts to gain acceptance within a peer group.

More recently, Yvonne's acting out behaviour has escalated and appears to be temporarily related to the return home of her married sister and the subsequent birth of her niece. Despite the fact that Yvonne clearly is strongly attached to both her mother and her sister, it is a fragile attachment in that it is difficult for Yvonne to perceive that she is not being displaced as the baby of the family and that affection for the baby does not necessarily mean less affection for her. Her response to the perceived rejection has been to seek a new family attachment -- her street family -- whom she believes cares about her and protects her while she is on the street.

Diagnostically, Yvonne appears to have experienced depressed mood for a considerable period of time. Furthermore, Yvonne's current sense of hopelessness regarding her future, her reports of suicidal ideation, and her engagement in street life activities including I.V. drug use, put her at considerable risk for self-harm either inadvertently or intentionally. Yvonne has also been sexually assaulted on two occasions and reports symptoms of Post-traumatic Stress Disorder including frequent dreams and daytime reliving of the assaults, impairment of relationships with significant others, a sense of foreshortened future, and sleep disturbance. Although Yvonne's reports regarding her eating habits are inconsistent with those of her caretakers, she did report both anorectic and bulimic symptoms, including self-induced vomiting, and shows evidence of some distortion of body image. She also indicated that she may consider the use of laxatives as a purgative in the future. She must, therefore, be considered at some risk for the development of an eating disorder. Finally, as previously diagnosed,

Yvonne's prenatal history and current presentation support the likelihood of Fetal Alcohol Effects.

Yvonne's situation presents an abundance of behaviours of interest to the Facilitating Program with its orientation towards attachment issues. The child care/nursing notes alone include a number of entries which support the evaluation arrived at by the psychology department:

"I have a problem. I am anorexic. I have been for the past five years. I know I need help but I don't know how to ask for it. Could you please help me?"

"I'm an anorexic. I have a goal to reach seventy nine pounds because that will put me in the hospital. I throw up after each meal."

Yvonne left class early because they were showing an Inuit film. Apparently, Yvonne was feeling anxious that the residents would tease her.... Yvonne reported that she hated school because the kids at school were very mean to her, teasing her in a racist way. She said she had no self-esteem because of this mean teasing.

Yet the succession of reports given at the care plan meeting by no means provide a comprehensive account of Yvonne's stay at Crossroads. Neither can they be said to capture what Yvonne considers to be one of the most pressing predicaments confronting her at the present time. Certainly, Yvonne's concerns about her eating habits and her poor self-esteem were reflected in the actual reports made to the care plan participants. What was not mentioned was Yvonne's upset related to her sexual orientation. This is despite the fact that her referral information file includes a note under the heading of Sexuality which reads: "patient thinks she might be gay" and that the charting notes from Yvonne's residential unit states that: "Yvonne talked about her concerns about telling her mom she's gay."

This is not to imply that this single preoccupation was the missing link which could explain Yvonne's behaviour in its entirety. What it does indicate is the imperfect process by which potentially meaningful issues are identified in day to day discourse and documented in texts which are transferred from one professional to the next. The absence of this information from Yvonne's care plan reports reveal their incomprehensive nature. In fact, the failure to include Yvonne's preoccupation with her sexual orientation draws attention to the information which is presented. To what extent are behaviours considered to be of significance by the Facilitating Program staff influenced by unresolved issues related to her

perceived sexual orientation? Conversely, is Yvonne's stated apprehension about her mother's possible reaction reflective of other worrisome preoccupations? Once again, the problem of contextualisation comes to the fore, raising questions about the credibility of the representations presented by the different professionals. What continues to be elusive is the exact nature of the meaning creating practice of Chris and Yvonne.

CHAPTER ELEVEN -- CARE PLAN

Keith pauses and asks if any one has any further questions or comments. As no one responds, he reaches for the portable tape recorder on the table and begins his dictation of the care plan. The initial section of the care plan addresses the lifestyle categories introduced in the resident's assessment profile but now reflecting the psychiatrist's point of view. Each sub-section begins with a paragraph outlining family and personal dynamics followed by a longer section detailing management strategies, a format maintained throughout the document. Home life issues comprise the second major category with sub-sections relating to setting, relationship with caregivers, relationship with significant others and home responsibilities. The care plan concludes with the third category, the education assessment's summary and recommendations with sub-sections relating to school placement, cognitive-academic functioning and social relationships.

Generally, the completion of the psychiatrist's dictation marks the end of the care plan meeting. Typically, a week elapses before the discharge meeting, sufficient time for the tape transcript to be edited by the community support worker assigned to the youth. The discharge meeting is neither attended by the psychiatrist nor by any of the presenters at the care plan meeting. Instead, the community support worker chairs the hour long meeting in which copies of the care plan are circulated to the participants and read aloud by the community support worker. A short discussion follows in which co-ordination of responsibilities between the community professionals and of communication with the community support worker are finalized. Chris' care plan process was unusual in this regard as the care plan and discharge meetings were combined to allow Chris to return to his community in time for the Christmas break. This morning, Chris' social worker chooses to introduce the fact that Chris' parents have been referred to an Attention Deficit parenting group that begins the following month.

"We have an issue here of an absent parent," Keith remarks.

"I've put it to Karen and Bob that they both have to be involved."

"Chris needs a father or a substitute father," Keith replies.

"One of the local ambulance drivers has expressed an interest in being a big brother."

Keith nods, "Just because he has a father, doesn't mean that he doesn't need male mentoring. He is a very lonely child."

"Jim Hansen is very good and we'll keep him involved with Chris as long as possible."

"If Chris is placed outside the home," Keith continues, "the care giver must be made aware of what to expect."

Bill nods in agreement. "We're prepared to give this family long term help. We've identified a number of Attention Deficit kids in the area. In fact, I have a youngster with problems similar to Chris. I'm lucky because I have a good partner. We'll be working with Chris long term."

"We need more people like this," Narinder says, turning to Keith. "I had a social worker from Lakewood in a care plan meeting last week who was very supportive as well. Very optimistic."

"When I hear the school say that they don't want him," Keith replies, "I want to ask them who they think they are...."

The meeting ends on schedule, exactly two hours after it began.

Crossroads Youth Mental Health Centre

Facilitating Unit 1

Care Plan

Discharge Summary

Name of Adolescent: Chris Sargent
Date of Birth: 3 April 1979
Date of Admission: 21 November 1992
C.Y.M.H.C. #: 10056739
Referral Source: Bill Steele
Jessop Mental Health Coordinator
Legal Status: Special Care Agreement
Legal Guardian: Karen Sargent
Date of Discharge: 12 December 1992
Community Support Worker:
Alan Thiessen
Discharge Diagnosis: Attention Deficit Disorder
with Hyperactivity.
Parent/Child Problem

I. LIFESTYLE ISSUES

A. VOCATIONAL

Family/Personal Dynamics

Obviously at 13 years of age, Chris is too young yet to join the labour force. However, he is at just the right age to start to learn some connection between efforts he makes and rewards he gets. His Attention Deficit Disorder is going to be problematical in this regard. He tends to begin tasks, but then gets distracted in the middle of them and not complete them. He tends to deal with this by trying to hide from the task or from others the fact that the task hasn't been completed. Obviously, for an employer, this behaviour would be totally unacceptable.

Management Strategies

It is extremely important that Chris has a routine way of earning his money at this point in time. He should have something that he does literally every day that allows him immediate reward, but that is a task that requires working to completion before the reward is given. Chris is in dire need of male mentoring and, in many occasions in the past, this kind of mentoring by child care workers has proven beneficial to him. It is very important that we attempt to achieve this kind of situation for him and, again, I would advise the child care worker be employed and be focused in this area with Chris.

B. SOCIAL

Family/Personal Dynamics

Clearly Chris is having major difficulties in the social arena. This is primarily due to his Attention Deficit Disorder. He has little general information. He doesn't know how to get along with other people. He doesn't understand interpersonal relationships. He tends to project blame onto others and, all in all, is quite dysfunctional in this area.

This is further complicated by some of his sexualized behaviours. He was sexually abused himself and he has now been accused of being involved sexually with others who are younger than he is. This further compromises his social functioning.

Management Strategies

Mother has attempted to have Chris join all sorts of groups and activities and learn skills. Generally speaking, she has been unsuccessful in this regard. This is probably due to her attempts to have the situation tailored to fit Chris' needs rather than to have Chris learn how to cope with the situation on his own. It is very important that he be given this opportunity regardless of how many times he fails.

I would most likely begin with something to do with recreation since that tends to have its own built in reward. His child care worker may attempt to teach him a skill like tennis, sailing, sports, etc. and keep at it in an organized way until Chris develops some sense that he can actually perform the task. His low self-esteem, lack of attention and poor social skills are all going to mitigate against him in this regard. However, this is a task that can be worked to completion given a plan and an intention to carry out the plan. It must not be taken for granted that Chris could engage in the activity if only he wanted to. This is far from the truth.

C. SELF CARE (PERSONAL HYGIENE)

Family/Personal Dynamics

Chris can, when given a tight structure, look after himself. He can keep himself clean. Finally, his enuresis has cleared up. He can do his own laundry. He is given to be a good cook who can present food attractively.

Management Strategies

This is an area in which we can set up a set of routines that will allow Chris to have some control over his environment, feel some sense of success and build some self-esteem. His routine should be invariable, concrete, begin early in the morning and be focused as anchor points during the entire day. This doesn't mean that I expect Chris to be nagged or otherwise coerced into doing the activity, but simply that a set of expectations be set out and then followed in a very stringent way so that Chris tends to gain some control over his world. He is anxious and frightened most of the time in that he can't really figure out what is going on and expects only the worst. If we can create a world for him that is more predictable and he has more control over, then he will feel much safer and be less stressed. Again, this has to be done with due respect for his individualism and self-esteem.

D. HEALTH

Family/Personal Dynamics

Chris has an established Attention Deficit Disorder that has been problematical for him since early childhood. He is otherwise, as far as we know, in fairly good health. However, Chris has developed an extremely low self-esteem in response to his difficulties and combined with this has developed a number of behaviours in order to cope that are less than successful. He can't get along with others at all well at this point in time, neither children nor adults, and this leaves him as a very undefended, abandoned young 13 year old who has little resources in the world and little help with his difficulties.

Management Strategies

Again, I would advise that Chris have available to him male mentoring. Whether this is done by child care or somebody in the Mental Health Centre is probably irrelevant. What is required is somebody to take an ongoing, active interest in this boy, spend time with him, perhaps first on a daily basis, engage him in tasks that he can be successful at and, in all ways, parent him from a male perspective.

Unfortunately, his stepfather's work doesn't allow this kind intensive interaction to occur and, apparently, his stepfather can only be an adjunct to parenting. We are going to have to try to remedy this through society's

response to Chris' needs. Obviously, if a male mentor in the community can be found that Chris can visit with, work with and spend time with, this also would be helpful.

E. SEXUALITY

Family/Personal Dynamics

There are charges before the courts concerning Chris' sexual behaviours. This is probably all to the good. There are a number of programs for sex offenders that can help children like Chris understand his own sexuality and the sexuality of others and this is really in his best interest.

Management Strategies

I would advise to go ahead with the charges since even court diversion may give us access to a sexual offenders program through Youth Forensic Services. This, as I mentioned, is certainly in Chris' best interest and should be pursued.

He has shown fairly intense sexual curiosity over the past while and he does need a complete sexual education in order to figure out ways to meet his own sexual needs and his own sexual desires that are socially acceptable and socially appropriate. This is going to be difficult for Chris for the rest of his adolescence.

II. HOME LIFE ISSUES

A. SETTING

Family/Personal Dynamics

Chris and his mother are enmeshed. It appears that, even when separated, they have a good deal of interest in exactly what is going on psychologically and emotionally for each other and they are very dependent on each other's good will. This, on the one hand, gives Chris some sense that he is an acceptable child and that he is loved. However, at the same time, his behaviour is such that even Chris can't convince himself that it is acceptable so this threatens the relationship he has with his mother and, indeed, makes it a very anxious and ambivalent one in spite of mother's acceptance of Chris as he is. This kind of interaction permeates his home life to the extent that he continually finds himself able to excuse some of his behaviours because the family really wants to have him functioning better than perhaps he is able to and so are willing to accept some of his more outlandish projections.

Management Strategies

I think that we must leave this to Chris and his mother in that trying to impose a solution on them simply will see them close ranks against us and nothing

will be accomplished. I think we have to wait until mom does ask for help, then ask mom what kind of help she is willing to accept and, at that time, find an appropriate placement as a support family for Chris.

B. RELATIONSHIP WITH CARE GIVERS

Family/Personal Dynamics

The relationship with the care givers are going to be quite complicated. First of all, the care giver needs to have boundless energy and, as well, needs to have a male in the environment that is interested in a teenage boy and is willing to spend time with him. No care giver will survive without having these attributes.

The care giver also needs to understand the dynamics that we have discussed to this point in time and also have a good appreciation of exactly what Attention Deficit Disorder is and what kind of picture it deals with in terms of information processing, long term memory, short term memory, etc.

Management Strategies

The community support worker is Alan Thiessen. Again, the care giver needs to be given an opportunity to go over this information and solidify it before attempting to care for Chris.

As well, this care giving will be only acceptable to mother if it is a concerted effort with her active involvement and her support. Thus, even the choice of the care giver has to be related to mom in a way that she can feel she has some sense of control that what we are doing is appropriate.

We need to involve other family members as much as we possibly can as well. It is relevant to note that Chris has done well when he has been provided some male mentoring.

C. RELATIONSHIPS WITH SIGNIFICANT OTHERS

Family/Personal Dynamics

It is very difficult indeed for Chris' mother to tolerate exactly what is going on with her son at this point in his life. However, this does lead to some difficulties in that they tend to be the centre of each other's existence and consequently projections tend to be shared. There has been a good deal of effort made to try and identify some kind of source of difficulty that might be curable with some kind of magic pill for Chris. This tends to get in the way of the kind of interventions on a parenting basis that need to be made. Chris has not heard "no" in a way that he understands to be helpful to this point in time.

Management Strategies

We need to have mom complete parenting courses again. This is simply an attempt to extricate her from the situation she finds herself in and to work with other people who find themselves in similar situations so that she has some support. Maybe these courses could be found through the agency of the Mental Health Centre or, perhaps, child care workers in the Jessop area. It is very important that we begin this process while Chris is not at home so that mom gets to understand some of the dynamics of her interaction with her son so that we can alter them in a way that would be in everybody's best interests.

Bob, the stepfather, really needs to understand that if he is going to have a hand in parenting Chris, he simply has to make more of an effort. Mom needs help, she can't do this on her own and it is impossible for her to bring Chris into male adulthood.

D. HOME RESPONSIBILITIES

Family/Personal Dynamics

Obviously, Chris has little concept of what home responsibilities are as they have simply been met for him in the face of his intransigence sense and his Attention Deficit Disorder. He tends to not complete tasks unless he is closely supervised one-to-one. He is ashamed of not meeting the task or embarrassed and then tends to hide the fact that he didn't complete the task by hiding himself or lying or otherwise covering up. This further complicates his social interactions.

Management Strategies

It is important that, as already mentioned, Chris have some kind of routine. This can involve some responsibilities around the home. This must be concrete, stable and needs to be followed up initially on a one-to-one basis. This may have to go on for literally months before Chris slips into following the routine on his own in a way that allows him to have some sense of control and ease in the home situation. Chris is really in need of this and a persistent effort must be made regardless of where he is living.

In terms of Chris requiring medication while he is in the home situation, I see no indication that he is going to benefit in this regard. Small dosage antidepressants have had an effect previously when Ritalin has failed in the care of Attention Deficit Disordered children. He has had, apparently, a trial of this and perhaps this trial could continue in the hope he might achieve some benefit from it. I don't see medication otherwise indicated.

III. SCHOOL ISSUES

SCHOOL PLACEMENT

Underlying Dynamics

Chris presents as an anxious, insecure, angry and impulsive 13 year old boy. He is reported to be very active since early childhood. As a result of a variety of inappropriate behaviours in early childhood, Chris' parents sought professional help and, after some hesitation, he was placed on Ritalin. Chris has been on and off Ritalin since then. It has been reported that Chris' behaviour and performance improved when he was on Ritalin. Chris attended kindergarten at a Catholic school. He is reported to have a great deal of difficulty in sitting still and concentrating. Chris' behaviours gradually worsened as he went through the primary grades. Teachers considered Chris to be a capable student. However, his defiant, aggressive and disruptive behaviour overshadowed Chris' academic potential. He was seen by Dr. James Galway at Children's Hospital on January 17, 1989 and diagnosed to have Attention Deficit Disorder. Dr. Galway attributed Chris' educational problem to "an underlying cognitive deficit".

Chris' school problems escalated as he went through intermediate grades. Additional support from time to time was helpful to some extent. Efforts at providing him with alternate educational settings such as S.T.R.I.D.E. and Elementary Intervention have met with limited success. Chris has found it extremely difficult to function without constant adult supervision. His inappropriate behaviours including defiance, aggression and disruption have resulted in a number of suspensions from school. Unable to cope with Chris, the school suspended him indefinitely on November 19, 1992.

An analysis of Chris' performance in school and outside appears to indicate that Chris' Attention Deficit Disorder and inadequate social skills may be some of the main reasons for this lack of success. Unable to experience success, Chris reacts in an extremely negative manner. Some of these behaviours may be an attempt to divert attention away from his academic and social inadequacies. Consequently, he becomes defiant, aggressive and belligerent. Reported incidents of sexual abuse and some instability at home may also have contributed to Chris' difficulties.

Despite all of these adverse factors, Chris has been reported to be a capable student. He has been found to be a thoughtful student who can produce good work when he decides to apply himself. Creating a structured, predictable and consistent learning environment with appropriate support may help Chris get back on track. To ensure success, Chris must become a willing participant in any educational program or placement deemed appropriate for him.

Management Strategies

In view of Chris' ongoing difficulties at school, there are very limited options available to him at this time. An alternate school placement like the one at Jessop Alternate School Program (J.A.S.P.) may be one possibility to be considered in this regard. Whatever his placement, Chris would need a lot of additional support. The possibility of a suitable child care worker to work mainly with Chris would be greatly beneficial to him. He will require a very structured and non-threatening learning environment where expectations are clearly defined. Individualize his program as much as possible. Avoid power struggles with Chris. Help avoid situations where Chris may feel inadequate and embarrassed. Give him tasks and learning activities where success is easily attainable. Provide Chris with opportunities to be successful. Encourage him to help with small tasks in and outside classroom activities. This might be helpful in Chris' acceptance by his peers. Give frequent praise and encouragement to improve his sense of self-worth.

This person should be in a much better position to establish bonding/affiliation with Chris and gain his trust. Once this is in place, Chris' mentor can facilitate his integration into the school environment as well as the community.

Initially, keep the focus on Chris' behaviour, social skills and peer interaction. Once he shows improvement in these areas the emphasis can be shifted to his academic progress. Be kind, fair, consistent and non-judgmental while working with Chris.

B. COGNITIVE - ACADEMIC FUNCTIONING

Underlying Dynamics

Chris' cognitive abilities as per his performance on the Woodcock-Johnson Psycho-Educational Battery - Revised were as follows:

Long-Term Retrieval: (the ability to retrieve information through association, after time): Average

Short-Term Memory: (apprehension and use of information within a short period of time) : Average

Processing Speed: (ability to perform clerical-speed type of tasks under time): Low Average

Auditory Processing: (discrimination, analysis and synthesis of auditory patterns): Average

Visual Processing: (perceiving, thinking with and integrating visual patterns and spatial configurations): Average

Comprehension-Knowledge: (depth and breadth of a person's knowledge, experience and sophistication): Average

Fluid Reasoning: (capability to reason in novel situations): Low Average

This is consistent with Chris' earlier assessment of overall average cognitive abilities.

An analysis of Chris' intra-cognitive abilities indicates that his major strengths lie in Short-Term Memory, Long-Term Retrieval and Auditory Processing. His high scores in Visual-Auditory Learning and Sound Blending appear to indicate that Chris can function well both in the visual and auditory modalities. This, combined with his fairly well developed Short-Term Memory, Long-Term Retrieval and Auditory Processing provide Chris with a sound base. Processing Speed, at 9th percentile, appears to be one of his weakest areas.

He did very well on memory related tasks that are contextual or conceptual but not so good on purely memory dependent tasks. This may be one of the reasons for Chris' low scores on Math and Dictation (Punctuation, Usage and Spelling) as he is unable to store and retrieve the information without context, association or anchor. He needs a lot of help in this regard.

Academically, Chris is a good reader. His Broad Reading, at grade 9 level, appears to be better than his age/grade level. Chris' other skills – Broad Math at grade 5.3, Broad Written Language at grade 5.1 and Broad Knowledge at grade 4.7 – appear to be considerably below his age. He needs a lot of assistance in improving his math computational skills, punctuation, spelling and usage. Chris' knowledge base in Science, Socials and Humanities is also very limited. His aptitude/achievement discrepancies indicate that Chris is not performing according to his potential. It is likely that his social, emotional and behavioral difficulties as well as the problems with purely memory dependent tasks are adversely affecting Chris' performance at school. Unable to perform according to his potential, Chris gets frustrated and embarrassed and reacts in a negative manner as a defensive mechanism. Once these issues are addressed, Chris should be able to experience success. His teachers and care givers need to carefully manage Chris' behaviour and environment on an ongoing basis. It may be a long, drawn out process before encouraging results are achieved.

Management Strategies

In view of Chris' difficulty with sustained attention and concentration, there is a need to individualize his program as much as possible. A concerted effort needs to be made to get Chris involved in the learning process. In addition, a suitable curriculum should be in place right from the beginning. Initially, Chris may have to start with more concrete concepts and materials. As he makes progress, he can move on to more abstract concepts. Most of

Chris' learning may have to be student paced, contextual in nature and concrete.

Chris' distractibility, disruptive and attention seeking behaviours can be best addressed by reducing any distracting stimuli. If possible, eliminate his audience. Seating Chris in front of the class and away from doors, windows and aisles may help him to concentrate more on his work. Give him mixed, short and varied tasks in which success is easily attainable. Keep directions short, clear, consistent and specific – one at a time. Catch him being good. Create a positive and supportive learning environment. Break down academic tasks and learning activities into small segments and gradually increase the level of difficulty as Chris makes progress.

As Chris appears to experience considerable difficulty with his written work, keep his written assignments to the minimum. Encourage him to use alternate ways such as oral reports, tape recorder and word processor.

Avoid timed tasks. Give him more time to complete assignments. Encourage Chris to use a computer and appropriate software for skill development and assignments. For Math, let Chris use a calculator and other aids till he internalizes the skills/processes. He would benefit from well focused and hands on strategies.

C. SOCIAL RELATIONSHIPS

Underlying Dynamics

Chris appears to resist direction and authority. His understanding of social relationships and skills is rather limited. Chris' impulsivity, defiance, belligerence and difficulty to adjust have adversely affected his interaction with others. His craving for attention and disruptive behaviour appear to alienate Chris from his peers and adults. Without realizing the consequences, Chris seems to engage in a variety of inappropriate activities and behaviours that get him into trouble. Frequently, Chris tends to project blame onto others. His difficulty in displaying appropriate social behaviour is probably more a consequence of his lack of knowing how to act than a desire to dominate the interaction. Chris' attempt to dominate may be more of an attempt at empowerment than an assertion of self. Fear of failure, anxiety and very low self-esteem may complicate this process even more. He may be using coping mechanisms that are socially unacceptable, but allow him to deal with his needs. Intensive counselling as well as a suitable social skills development program would greatly benefit Chris in overcoming these difficulties.

Management Strategies

Chris has been reported to respond well to structure, consistency and positive reinforcement. He can get along well with adults whom he trusts. Persons working with Chris must keep the focus on his positive attributes.

Catch him being good. Offer praise and reward whenever Chris deserves them. Immediate feedback and gratification may improve Chris' low frustration tolerance and self-esteem. Chris is reported to enjoy vigorous physical outings, art, music (drums), etc. These interests can serve as good motivators to get him involved in a variety of productive social situations. His teachers and care givers will have to be both proactive and reactive in helping him along.

A suitable child care worker/mentor who can establish a trusting relationship with Chris would be a great asset in this regard. Also the possibility of peer tutoring/counselling should be considered. Chris would benefit from his participation in socially structured and socially appropriate activities of interest to him.

Encourage him to take part in non-competitive paired or small group activities with an emphasis on recreation, sports and the outdoors. He needs a fairly high degree of external structure.

Accept Chris' feelings and attitudes as legitimate without passing judgment. Use these as starting points for appropriate behaviour alternatives. Give Chris tasks and activities that will bring a feeling of success and satisfaction. This would go a long way in improving Chris' self-esteem. Once he feels accepted and successful, Chris should be well on his way to a successful experience at school and the community.

Psychiatrist
Facilitating Unit 1
Crossroads Youth Mental Health Centre

This care plan was developed through a multi-disciplinary process involving social work, psychology, psychiatry, education and child care/nursing. The care plan is a public document in the sense that copies of the care plan are provided to the parent(s) or legal guardian of the adolescent, to the adolescent, to the community case manager and to others involved in providing service to the adolescent. All service providers are encouraged to be familiar with and implement the care plan.

The documents which were used in developing the care plan include a Social History and Family Assessment, a Psychological Assessment, a psychiatric interview, an Educational Assessment and a Child Care/Nursing Assessment. Due to the technical, complex, or sensitive nature of these documents they are confidential and will only be released to appropriate parties based on the professional regulations and judgment of the respective discipline. If you believe you have to have access to these documents, please contact Crossroads Youth Mental Health Centre.

Your request must include:

- a) the full name, address (if known) and date of birth of the adolescent,
- b) identification of which report is being requested (e.g. social work, psychology, etc.)
- c) the purpose for which the information is requested,
- d) a dated consent for release of confidential information, with the original signature of both the legal guardian and a witness (including their names, printed or typed), if the adolescent is under 16 years old, or
- e) a dated consent for release of confidential information with the original signature of both the adolescent and a witness (including their names, printed or typed), if the adolescent is 16 years or older.

The care plan draws on the information presented by the various departments in the care plan meeting. Typically, the social history is the only text viewed in advance of the meeting. The other reports are given verbatim, with the psychiatrist dictating the care plan without further consultation. The result is a brief document which lays out specific issues and management strategies within the various spheres of the individual's life.

This exercise takes place within a framework provided by attachment theory, although the theory is not referred to directly in the various reports. The operating assumption is that the individual is responding to insults to attachment, primarily those of abuse or neglect. Troublesome behaviour reflects her response to these alleged insults. The objective is one of re-attaching the individual in supportive relationships, an eventuality which will lead to the minimizing or elimination of the problematic attitudes and behaviours. This perspective guides the individual tests, interviews and anecdotal accounts that supply the data for the various reports and the care plan is informed by these inquiries. It is precisely in its production of the care plan that the Facilitating Program can be seen to differ from most other applications of attachment based therapy.

In conventional psychotherapy, attachment theory promotes the cultivation of the therapist as an attachment figure. The therapist functions as a re-presentation of an historically significant figure or figures, catalysing the emotions associated with past interactions. Psychoanalysis commonly makes a distinction between remembering and

acting out. Acting out here refers to unconscious fantasies and wishes originating in the past being expressed in the present with the individual unable or unwilling to recognize that their appearance is other than in response to immediate circumstances. In effect, the capacity to remember the actual origins of these behaviours has been superseded by a compulsion to duplicate or repeat the behaviours.

The notion of mutuality underscores the fact that the client's responses were reciprocally constituted by and served to constitute the responses of her historical attachment figure(s). In most instances, the attachment figure was an adult who functioned as the determining component of this exchange. This is not to deny the uniqueness of the child's meaning producing agency. Nevertheless, an adult usually occupies the position of relative power with the capacity to accommodate an infant or child whose behaviours aggravate. The infant or child, on the other hand, is less able to defuse, neutralize and thereby accommodate a similarly aggravating or distress inducing adult.

The therapist, serving as a secure base, is seen to be resistant to re-inscribing conflict inducing responses which formed the content of the childhood encounter. This permits the client to move beyond compulsion to recall the formative event or events resulting in the acting out behaviour. Present conduct is now explainable in terms of past events which have been brought to conscious awareness. Psychoanalysis typically relies on dialogue to precipitate this transitional state of transference and to clarify options for future behaviour. It is through this process that the individual comes to construct a coherent life story, a meaningful narrative account characterized by integration rather than discontinuity (Connerton, 1989:25-26).

In the procedures employed by the Facilitating Program, the client is not expected to enter into a dialogue with the therapist to fashion a revised self-narrative. Unlike conventional psychotherapy, the Facilitating Program does not employ a "talking cure". Instead, the Program endeavors to facilitate a revised *practice*. The care plan outlines decisive factors impinging upon the youth and details the perceived resources available to the youth. It then proposes management styles which favour the supportive response of members of the immediate community to the youth's behaviour. Nevertheless, the objectives sought by the Facilitating Program are identical to those of discourse based interventions: the consolidation of an internal working model based on positive or secure attachment experiences.

Participants in the care plan are collaborators in its production. The youth herself is asked to give her evaluation of her situation and the response is duly recorded with excerpts appearing in the report from the psychology department. Input is solicited from her care givers and from social workers, physicians, psychologists, and teachers who have been professionally involved with the individual. This information forms a significant portion of the material drawn upon by the psychiatrist in outlining the care plan. The plan is dictated in front of the interested parties and provides the basis for the hour long meeting the following week chaired by the community support worker which marks the transition between the residential portion of the care plan process and the return to the home community.

What comes clear with this processual overview is that each exchange involving the compiling of facts is professionally mediated. The social worker consults the care givers and the youth's files to compose the social history. Other professionals – psychiatrists, psychologists, psychiatric nurses, child care counsellors, education consultants – conduct interviews, write observations in nursing charts, administer tests and write the reports which constitute the authorized version of the facts. These accounts achieve their authority to a considerable measure through the use of professional discourse, the vehicle by which findings are constructed and conveyed. This technology involves the use of language and styles of presentation which attest to their origins within a professional body. Beyond the specialised jargon, fact generating procedures and interpretive speculation, the detached tone and relative invisibility of the author provide an additional cachet of expertise. If a report or care plan embodies a certain amount of authority simply by its coherent rendering, then one compiled from the observations of numerous unnamed professionals or punctuated with numerical data derived from standardized tests is likely to attain even greater credibility.

The social history and the psychology report which inform the care plan routinely contain extensive documentation of conditions and incidents which hold the potential to hinder or disrupt relationships of attachment. On occasion, certain incidents or circumstances regarded to be at the root of an individual's misconduct are referred to directly, particularly in the psychology report. However, few if any of these allegedly decisive factors appear within the text of the care plan. In fact, it would appear that explicit designation of possible insults to attachment is a practice to be avoided.

This aversion reflects a conceptual contradiction which lies at the heart of the Facilitating Program's perspective. On the one hand, there is a quest to isolate specific historical factors likely contributing to the current misbehaviour. This is perhaps best

represented by an investigation supervised by the head psychologist which seeks to identify and define behaviours considered to be disruptive to attachment. The social histories of recent admissions to the Program are then analysed with the objective of relating the occurrence and severity of these probable relational insults to subsequent misconduct. This research project was undertaken with the support of the psychiatrist. On the other hand, he was cautious about its probable outcome, observing that "we'll probably never know because everybody is different."

Keith's comments draw attention to his efforts to combine the best features of the scientific method with an appreciation of what he terms aesthetics, the notion that the attitudes and actions of each person are expressions of her unique experience of the world. His apparent reluctance to specify causal relationships in the care plan document appears to reflect the uncertainties that remain in his attempt to amalgamate these differing points of view. Not the least of the difficulties confronting him concern the as yet underdeveloped field of developmental psychopathology and the imprecision of the philosophical traditions of hermeneutics and phenomenology. The productive nature of knowledge -- arguably inherent to the human condition -- further complicates this situation.

Explicit reference to specific insults to attachment are not the only notable omissions from the care plan. The use of psychiatric categories tends to be downplayed as well. Individuals admitted to the Program with the D.S.M. sanctioned diagnosis of conduct disorder regularly find their predicament described in the innocuous terms of parent-child conflict upon their return to the community. The practice of using the least offensive classification possible is a fairly common one in psychiatric circles (Kirk and Kutchins, 1992:232) and no more so than in the Facilitating Program where every effort is made to minimize, if not eliminate, psychiatric labelling due to its stigmatizing and marginalizing effects.

Attention Deficit Disorder and Sexual Abuse as Critical Insults to Attachment

Exceptions to both these patterns can be seen in Chris' care plan. Attention Deficit Disorder with Hyperactivity (A.D.H.D.) and sexual abuse figure prominently as probable identified causes of Chris' difficulties. This is despite the fact that Chris' social history includes other events which would be of interest to an attachment based approach. These include multiple losses of significant relationships including ones with his

father, surrogate father, child care workers and various schools and neighbourhood communities. Chris also experienced scapegoating and isolation. He was physically abused by a school teacher and verbally abused by a judge. His mother's precarious economic circumstances meant that Chris faced instability at home. In addition, he witnessed a number of violent episodes involving his mother. All of these incidents would qualify as potential affronts to attachment, yet the conventions of the Facilitating Program routinely would exclude their explicit mention in the final document. Nevertheless, a psychiatric disorder (A.D.H.D.) and a specific insult to attachment (sexual abuse) are highlighted as significant features of Chris' social history which need to be taken into account when choosing management strategies.

In both instances, there is the danger that the mentioning of the specific category has activated a totalizing discourse in which behavioural difficulties are construed as direct effects of a cognitive dysfunction, on the one hand, or of a traumatic event, on the other. Certainly, the care plan itself offers no qualifying remarks to forestall this interpretation from taking place. First of all, conduct coinciding with identified symptoms of Attention Deficit Disorder with Hyperactivity is acknowledged as evidence of the presence of this disorder. In addition, reference to the disorder itself conveys the impression that A.D.H.D. constitutes an empirically discrete cognitive dysfunction. While there are members of the Facilitating Program's staff who subscribe to this interpretation, others view the question of Attention Deficit Disorder with Hyperactivity with more ambivalence. They point to social relational factors which appear to contribute to the appearance of these troublesome behaviours.¹ Nevertheless, the ambiguity associated with this category is not reflected in the care plan itself.

Mention of sexual abuse in an individual's social history is no less problematic. From a marginalized phenomenon whose long term consequences were little recognized, child sexual abuse recently emerged as a perceived social problem of seemingly epidemic proportions (Rogers and Rogers, 1992:179). In some quarters, its speculated occurrence provided a totalizing explanation to account for a wide variety of troubling behaviours.² This view was countered by others who, while acknowledging the potential trauma of sexual abuse, provided evidence which indicated that long term effects could be alleviated or eliminated with supportive interventions and relationships (Rogers and Rogers, 1992:22). Additional studies of childhood trauma caution that precipitative intervention by state professionals in the aftermath of an abusive incident actually may have harmful results due

to the undermining of the individual's sense of empowerment and the disruption of immediate social relations (Swartz and Levett, 1989:743).

The day to day practices of the Facilitating Program demonstrate an unwillingness to impose definitive cause and effect interpretations on the details gathered in the social histories of its clients. In addition, some effort is made in the psychology report to present the findings as opinions based on clinical experience rather than as objective facts. However, the actual relations and processes which provide the contexts for the interpretation of the perceived misconduct are not documented in the final plan. Instead, sexual abuse and Attention Deficit Disorder with Hyperactivity as professionally constituted categories of social problems take the fore, the reader's understanding of Chris' predicament being mediated by the ideology of the mental health expert (Smith, 1986:8; Walker, 1990:14). Although the words and phrases may be part of everyday language, their appearance in this document provides them with a decisive ring, testimony to the authority of the professionals whose conclusions are summarized in the document's brief pages. The danger exists that these professionally mediated representations may eclipse those authored by the child or youth.

The Representation of Self

To a certain extent, the Facilitating Program has sought to avoid unilaterally constructed representations of the youths in its care. Each of the disciplines makes an effort to consult with the teenagers, with the psychology department assuming a particular responsibility to act as an advocate for her point of view. Nevertheless, the surrounding circumstances embody a number of features which render the usefulness of the interview problematic (Weber et al., 1994:43). Typically, the youth is not particularly forthcoming in the psychology interview, a reticence which may be due to her relative inexperience, inability to articulate her point of view, and/or reluctance to divulge information to professionals, in general, or to the staff person, in particular. At the very least, the information gathered is shaped by the professional discourse, raising questions as to what is actually represented by the findings.

The production of facts about another person, representations intended to capture the truth of a person's reality, is an inexact exercise at best (Crick, 1992:187). The power laden nature of this encounter adds another level of complication to an already perplexing

situation. Here considerations of the coercive or persuasive impact of professional explanations become critical. The power balance at play will play a crucial role in the precise nature of the facts that emerge, suggesting the potential to transform self understanding at the very moment that the interviewer endeavours to represent the individual's point of view (Taussig, 1980:4).

Yet the quest for less false stories should not persuade us that simply bypassing professionally mediated conversations would enable us to gain an accurate or authentic account of the youth's point of view. The self that is presented for public viewing is a construction, influenced by time, space and probable audience but, ultimately, fashioned through personal intention. With each narrative that is constructed, some aspects are suppressed, a part of the story is left out (Spivak, 1990:18). Neither is it only our recollections that are partial. Our contemporary constructions of self identity are filtered through cultural screens which are equally selective. A person's ongoing creation contains many residues, reifications of past experiences having a staying power which gives a certain consistency to one's perceptions. Yet the self is not a constant in the sense that it comprises an essential, immutable core to individual consciousness. Just as memory is a social practice mediated by social conditions past, present and anticipated, so too is identity socially situated and socially constituted, its revealed contents changing over time.

What is chosen to be examined by the audience of the self is no less socially embedded than what is chosen to be communicated to a public audience. Each formulation, each presentation of self has its own validity and one is not a more authentic expression of the person than the other. They are simply different expressions whose appearance is mediated by and responsive to social conditions. No social scientist or historian – or perceptive teenager, for that matter – can lay claim to having executed a definitive reading of these expressions. The best one can do is to strive to achieve an appreciation of some of the elements and the forces of circumstance which appear to be at play with the hope that this may move us to a closer approximation of what transpired at each juncture. In this regard, the extent to which the Facilitating Program staff have taken into account the impact their presence and their professional ideology have made on the facts of Chris' situation remains unclear.³

The Legacy of Sexual Abuse: An Example of Acting Out

Personal conduct is no less problematic than self-reporting in providing a definitive account of self identity and of knowledge production. For instance, youthful acting out has been shown to be crucial to the constitution of the D.S.M. category of conduct disorder. It also provides an intriguing point of convergence for elements of attachment theory and Marxist conceptions of alienation, reification, and cultural logic. Yet the explanations provided by these theoretical approaches lead in distinctly different directions with decidedly dissimilar political consequences.

Conventional attachment theory regards acting out to be an unconscious re-enactment of past insults to attachment. Its conception of the unconscious is not inconsistent with that of contemporary Marxist theory. Both perspectives consider the unconscious to be rooted in social relationships of which we are currently relatively unaware. The origins of essentialist self-judgments frequently comprise an important aspect of this uncharted territory. By our own construction, we render aspects of ourselves to be thing-like. Rather than dynamic, fluid self creations, we come to be marbled with the static residue of past events that serve as limits to our realm of possibilities for future projects.

These reifications result when recollection of the social conditions of knowledge production are suppressed (Jameson, 1991:314). This occurs when a self-conception is interiorised and consolidated as a fixed notion of a person's self-knowledge while the social relationships associated with this evaluation are forgotten. The individual plays an active role in this process, interpreting the response of others and then electing to inscribe this evaluation -- whether clearly articulated or an ill defined structure of feeling (Williams, 1977:132) -- as a defining aspect of the self. The attribute itself may carry painful or distressing connotations which encourage the individual to suppress and possibly repress this information while carrying it forward as a component of self-identity. Its disparaging effects can be hegemonic, saturating the person's sense of being yet remaining elusive due to its taken for granted or common sensical authority. Its influence also may be more transitory, the self-judgment called into play only during moments of perceived disempowerment.

One example of reification is the sense of shame or self blame commonly referred to in accounts of survivors of childhood sexual abuse (Bass and Davis, 1988:35; Women's Research Centre, 1989:208). A typical explanation given to this sensation of shame is that

children have concluded that there must be something inherently wrong with them to have invited such painful abuse. The distressful nature of the recollection is such that individuals choose to avoid examining its contents. This perpetuates an underlying belief that they are fundamentally flawed or inadequate, a self judgment which informs ongoing practice. The incident did not force the person to come to this self-demeaning assessment nor did its painful memory cause him or her to carry forward this self-evaluation. Instead, the convergence of different determinations – emotional dependence, physical powerlessness, intellectual immaturity – increased the likelihood that poor self-esteem based on a repressed memory of abuse would be the outcome. Yet the presence of another determining influence – e.g. the recollection of an empowering incident – could be sufficiently forceful to offer an antidote, an alternate interpretation capable of neutralizing the potentially self-destructive message prompted by the abusive encounter. The ultimate choice of representation – minuscule though the range of options might appear – rests with the child.

The sensation of upset which has come to be associated with sexual abuse is an example of an idiom of distress, a culturally specific demonstration of dis-ease. This term implies that specific learned forms are invoked to convey personal upset in culturally meaningful terms. It is probable that many of these idioms are fashioned and incorporated at an early age, the circumstances surrounding their formation subsequently becoming peripheral to a person's awareness. Their retreat from consciousness may be explained, in part, by the experience of discomfort which marked their inception, disconcerting feelings which tended to be suppressed along with the precipitating circumstances. This intentional minimizing and marginalizing may, in turn, lead to actual repression in which a person elects to "forget" activating this defence mechanism in the first place.

Subsequent conflicts or contradictions which induce the sensation of distress may invoke the idiom *in toto*. Form and content fuse as a culturally constituted vehicle which simultaneously constructs and expresses a person's dis-ease. Both content and form may include historical residue. This helps to explain the tendency for psychoanalysis to focus on nominated events (Young, 1992:19) from a person's reconstructed past in order to establish a causal connection with current symptoms of distress.⁴ Nevertheless, past precedents, if they in fact did take place, do not *cause* present distress to be expressed. Instead, they provide the template for the construction of distress, a vehicle which continues to perform a specific function in response to current contexts but does so with a decidedly historical reference.

With this explanation comes the possibility that expressions of distress – behavioural evidence of a person's alienation from self-creative powers – may be primarily a response to *contemporary* circumstances. The person may invoke the learned idiom when her sense of individual agency is thwarted by present social relations, the nature of her behaviour directing attention to past precedents rather than to existing conditions. This reinforces a prevailing cultural logic which seeks explanations by probing the individual's psychological history rather than by examining current relationships, including social structural contradictions.

The conventional logic that victims of sexual abuse are liable to become sexual victimizers likely informed the assessment presented in Chris' care plan as well. It appears that little or no consideration was given to the possibility that Chris' encounter with his sister was motivated by an immature sexual curiosity rather than being a consequence of his past abuse. In this instance, the victim-victimiser paradigm favoured by mental health professionals coupled with the prevailing attitude of moral outrage triggered by evidence of possible sexually abusive behaviour involving a child likely was sufficient to rule out any other interpretations.

Attention Deficit Disorder with Hyperactivity: An Example of Ontological Insecurity

Chris' care plan also draws attention to the fact that the convergence of care and control occurs from birth through our relations with significant care givers. I have noted that Bowlby stresses the psychological dynamic of attachment which he considers to be a universal imperative. He discounts hermeneutics in favour of biology. In so doing, he emphasizes the scientific basis on which to examine this relational principle. Holmes (1993), on the other hand, points to the current emergence of interpretation and narrative as central to attachment-based psychology. He considers the transmission of meaning to be at the core of attachment relationships. In this view, the interactions of the infant with the primary care giver provide the seminal template through which meaning-producing practice is mutually constituted by care giver and child. Cultural content can be seen to play an integral part in this process, but the primary focus with attachment theory is on its imputed form.

Keith Johnson considers ambivalent insecure attachment as being perhaps the most devastating as the child comes to experience a fundamental instability in her sense of being-

in-the-world. This formulation resonates with the issue of ontological insecurity, a preoccupation of a number of social theorists not commonly associated with attachment theory. For an individual who experiences ontological insecurity, distress is an ongoing occurrence, characterized by a chronic sensation of dis-ease. This seems to be due to the fact that the individual's signifying capacities are compromised, resulting in an inability to consistently integrate experiences into a relatively stable, unified self-representation at any point in time.⁵ This conception of a flawed central organizing principle with its accompanying sensation of insecurity demonstrates Freud's dictum that "the pathological illuminates the ordinary" (Kenny, 1986:22). It also allows us to move away from Bowlby's conception of attachment as a function of universal psycho-biological forces or imperatives.

Instead, formative relationships may be understood as interactions which due, to historical circumstances, prove to be critical to the constitution of the individual's internal working model of self and other. In part, their lingering effects are evidence of the transmission of culture, both in *content* and in *form*, between generations. They are significant contributors to the individual's meaning creating practices -- the cultural logic of the personal -- which continue to reverberate in the individual's attitudes and actions. The "poor fit" referred to by attachment theory takes the form of ontological insecurity in this account, thereby providing an alternate conceptual framework in which to view behaviours associated with the A.D.D/A.D.D. with Hyperactivity designations. A benefit of this conceptual approach is that it enables us to situate this discussion within broader social considerations.

Robert Connell (1987) and Henrietta Moore (1994) point out that a person's cultural logic on questions of identity or identification should be understood to be multiple rather than singular. Connell extends Sartre's discussion of the formation of a class identification in childhood to include the consideration of gender and sexual orientation. Moore furthers this analysis by speaking of the multiple subject positions which exist in any culture with respect to gender, for example. Neither are these gender options fashioned in isolation: one person's sense of gender at any given time is mediated by particular constraints of class, ethnicity, age, sexual orientation, etc. Moore argues that the selection of a particular position takes place in the context of an anticipation of the power that can be expected to accrue to that identification. While a particular identification holds the promise of a certain amount of empowerment, its failure to deliver on this promise brings an accompanying sense of frustration, distress and dis-ease.

A significant number of feminists (Mascia-Lees et al., 1989; Abu-Lughod, 1991; Moore, 1988; 1994) acknowledge what some contemporary Marxists have been slow to recognize: uniform, coherent, consistent identities be they of class, gender, sexual orientation typically exist as essentialist illusions rather than as lived actualities. They are simplistic conceptions which do violence to everyday reality. Similarly, sensations of disempowerment can not be associated definitively with one distinct subject position or another. As idioms of distress, they may be reasonably accounted for within a number of discourses. This is true as well of representations of the abuse of power. Objectification and the denial of mutuality are characterizations which may be accommodated within a variety of explanatory discourses. The presence of particular facts does not itself legitimize a specific theory (Ingleby, 1985:98).

Chris' care plan offers numerous examples of how the Facilitating Program routinely favours certain discourses while alternate readings are marginalized or ignored. The care plan clearly emphasizes the presence of Attention Deficit Disorder with Hyperactivity and evidence of sexual abuse as being decisive factors contributing to Chris' current behaviour. This analysis can be understood to be informed by prevailing discourses within the mental health field and to constitute those discourses in turn. In addition, conventional practices within the Facilitating Program tend to highlight the possible impact of these phenomena in terms of individual psychology rather than examine structural conditions which may promote their occurrence. Yet elements exist in the various reports consulted by the psychiatrist which could have led to quite different interpretations.

For example, Chris' witnessing of the physical abuse of his mother meets attachment theory's criteria as an insult to attachment. Depending upon the discourse of choice, this incident may be interpreted as reflecting a variety of structural inequalities. Chris' vulnerability may be understood in terms of his relative powerlessness due to his lack of both experience and physical strength which left him exposed to the potentially harmful repercussions of male violence. This potentially traumatic encounter was repeated on a number of occasions as Chris' father was permitted to remain in the home due to the family's reliance on him for its economic livelihood. In this way, imbalances of age, gender, and class can be seen to be decisive factors in the scenario, a list that is by no means exhaustive. This brief illustration merely gives some indication of the variety of subsequent interpretations which can be brought to bear on the facts, each one providing a credible explanation. It also suggests the value of applying a number of perspectives to Chris'

circumstances, each construction deconstructed and reconstructed in succession. This call for multiple interpretations takes on added urgency with the realization that the favouring of one discourse over another has definite consequences, both practical and political.

The self-constitution of the individual resonates with the available discourses. Prevailing discourses – dominant, emergent, residual – inform the meaning that we attribute to indications of distress, for example. What in one scheme is symptomatic of insults to attachment as the legacy of nominated events may be re-conceptualized as a learned, culturally specific idiom of distress, incorporated in the past with content that draws attention to these origins but expressing dis-ease with current oppressive arrangements. Moreover, they may direct the person to a variety of explanations, i.e. psychological trauma, patriarchal oppression, age related rebellion, etc.

The state is not a passive observer of this process. The various ideological apparatuses that enable it to carry out its mandate contribute to the pool of discourses which influence and inform an individual's choice of representations. Totalitarian regimes have been shown to employ the mechanisms of the state to constrain the options for self representation. "A particularly extreme case of such interaction occurs when a state apparatus is used in a systematic way to deprive its citizens of their memory" (Connerton, 1989:28). A less severe but no less effective way is to induce people to adopt a particular identity by persuading them of the legitimacy of a particular representation of the events of their lives (Ingleby, 1985; Foucault, 1982/1983b). In this manner, a person becomes a willing participant in the construction of an authorized version of her self-narrative.

The Facilitating Program as an Emergent Discourse

Intentionally or otherwise, the Facilitating Program plays an active role in the deconstruction and reconstruction of an individual's identity. The Program team conceptualizes the difficulties faced by the youths referred to its care as being a product of their social relations, rather than something that is inherent to them as autonomous individuals. Instead of employing a dichotomous formulation – us/them, individual/society – the program re-frames the perceived social problem of troubling behaviour as being precisely that – a *social* problem whose origins are due to the absence or the elimination of a pro-social template upon which the individual can fashion subsequent relationships and whose resolution is a *social* – rather than an individual – responsibility. A series of

investigations, interviews, observations and tests are initiated to gather information to serve as the basis for a plan of action to guide the youth and her immediate community. The staff sees itself performing a benign function by bringing the respective parties together, defining the terms of the relationship and facilitating the care plan's implementation through community support workers.

The care plan is intended to be an accessible document, brief and to the point while capturing issues anticipated to be of critical significance throughout the youth's adolescence. Conciseness requires that the assessment of the youth's situation be summarized without the benefit of including supporting evidence and detailed analysis. Similarly, the Facilitating Program staff realize that the individual's circumstances may change in the years leading up to his or her nineteenth birthday. Care givers may come and go. The teenager may change schools or jobs or move from one community to another. For these reasons, the management strategies are presented in general terms rather than dwelling on the particulars of current circumstances.

Certainly, there are moments in the care plan process where effort is made to capture the details of specific encounters and to indicate how these relate to the wider social context. The social history is perhaps the most notable example of this. Yet even in this document, we fail to be presented with a clear account of how the teenager regarded the events of his or her life. Biographical information is passed through the filter of professional discourse with a consequent blurring of the nature of its actual meaning to the youth involved. Similarly, the connection of immediate conditions to broader structural forces tends to remain ill-defined. A more fully contextualized view can only be gained by reading between the lines of an individual's social history and by connecting what is suggested with the details that form the backdrop of other social histories.

I n the care plan document, we encounter personal behaviour patterns which are conveyed as being more or less implicit consequences of insults to attachment on decontextualized individuals. The unique social relations which comprise a person's sense of identity at any point in time are omitted as are the social conflicts and contradictions which inform those social ensembles. This is only partly due to the nature of the care plan as an abbreviated summary. Attachment theory as the prevailing discourse of the Facilitating Program is largely responsible for both the care plan's form and content. Its

ideological content can be seen to reinforce existing structural inequalities, regardless of the intent.

For example, A.D.H.D. and the consequences of sexual abuse figure prominently in Chris' care plan. These phenomena are represented as discrete psychological complexes with the impression given that they can be expected to unfold in a relatively predictable manner regardless of differing personal characteristics or varying social circumstances. This account appears to reflect the rational individualist conception of the individual associated with conventional psychology rather than the notion of the person as an ensemble of social relations.⁶ As a result, the identified source of Chris' difficulties bears a striking resemblance to the various psychiatric afflictions which are conventionally ministered through the application of the medical model by means of the D.S.M.

Karen is viewed as being "enmeshed" in her relationship with Chris with the possibility that the two of them would "close ranks" if a decision to separate them was imposed. As it stands, this evaluation comes perilously close to "blaming [one of] the victim[s]" (Ryan, 1971). Karen has endured innumerable hardships in her *de facto* role as principal care giver to her children. The nurturing and concern that she exhibits towards her son demonstrate a diligence and steadfastness which stands in mark contrast to any of her male partners, both present and past. She would appear to be caught in the double bind of patriarchy which requires a woman to shoulder a disproportionate amount of the child rearing responsibilities while, at the same time, ensuring that she does not become the sole emotional support even in the all too frequent absence of a male counterpart.

This tendency to essentialize gender roles is also apparent in the statement that it is "impossible for [Karen] to bring Chris into male adulthood". The call for a "male mentor" is a common one in a number of the care plans for teenage males that I consulted. It reveals an assumption that sex distinctions (differing male and female reproductive capacities) are synonymous with gender differences (conventional social conduct of men and women). This belief in the essential duality of social functions argues that gender roles are discretely defined and can only be modelled by a person of the appropriate sex. This position counters the view of gender as a variable social construction with the contention that it is a matter of biological destiny. This stance reinforces patriarchal notions of fundamental, universal differences which provide ideological underpinnings for the structural persistence of gender inequality. By contrast, gender may be regarded as changing and changeable, a continuum of social relations in which alterations to the prevailing content of

one category modifies the content of the other (Moore, 1988:7). An implication of this perspective is that it is conceivable for Chris to be guided into responsible adulthood by either male or female mentors.

While patriarchal relations are effectively supported, the issue of class inequalities is nowhere to be seen. This is despite the fact that Karen's economic plight played a contributing role in exposing Chris to a variety of abusive encounters and continues to be a factor in the family's child care arrangements. While the significance of the working class background of its sample figured prominently in the operating rationale of the Jesness Inventory used in the psychology report, no mention of this topic occurs in any of the more than 80 care plans that I consulted.

This is not the case for race or ethnic considerations. While this issue is not a feature of Chris' care plan, it does appear in a number of care plans, particularly those produced for Native youths. In most cases, it consists of reference to the importance that the knowledge and practice of cultural heritage play in the well being of Native youngsters. This approach may demonstrate a sensitivity to issues of self-determination and multiculturalism, yet it pulls up short of addressing concrete instances of racism. Mention of racist slurs directed at a female Native teenager may be made in the social history, but the nature of the care plan is such that any specific "insults" to attachment remain unidentified. The decontextualized nature of the care plan thus serves to suppress the documentation of racism as well as other instances of systemic oppression. Further limitations of this approach are revealed in the following notation which appears on a care plan prepared for a Native youth:

It should be noted at the outset that [this individual] is of Native heritage. His growing up years have taken place in Native culture. A good deal of the issues that are appropriate to his cultural heritage are not known to us and we are not experts in them. Everything, thus, that we say in the Care Plan has to be taken with this handicap in mind.

On the one hand, these comments acknowledge that the cultural traditions of Native people are distinct from those of the dominant society, undefined though it may be. On the other, these same traditions are set aside due to the expediency of producing a care plan based on attachment theory. Shortcomings that may accompany this approach are readily admitted to be due to a "handicap" of cultural ignorance. Yet the culturally uninformed or under informed nature of this perspective is not judged to be so severe as to disqualify the

Facilitating Program from carrying out its mandate. While the intentions of this qualifying statement to demonstrate the Facilitating Program's sensitivity to cultural considerations seem valid, the possible consequences of this strategy are cause for concern.

This manoeuvre recalls the traditional contradiction at the heart of the relationship between colonizing interests and Native people, the party in a position of dominance defining the cultural group as other while simultaneously attempting to incorporate or assimilate this group according to its own conventions (Sider, 1987:22). In this instance, the Facilitating Program recognizes that differences in meaning-producing practices exist which it is ill-equipped to appreciate. Staff members then proceed with their investigation and present their subsequent recommendations based on the presumably pan-human principles of attachment theory.

I would argue that this constitutes an instance of tutelage, the Native youth being placed in a position of liminality. Initially, recognition is made of the existence of cultural differences due to his membership in a significant minority group. With this acknowledgment, he stands on the threshold of being related to as a self determining individual capable of defining himself and his conduct according to his own legitimate and meaningful standards with the attendant right to be understood in his own terms. Concurrently, the Facilitating Program staff act on the premise that its own point of view represents the "best interests" (Dyck, 1991:162) of the individual *by default*. Through this practice, the Facilitating Program reveals its belief that attachment theory offers the means to understand another person, regardless of his or her lived experience. As a self-defined totalizing discourse, its claims to truth supersede any (other) cultural considerations. Unintentional though it may be, this attitude effectively terminates dialogue. The youth is relegated to the status of an administered object, a generic unit of analysis stripped of the very culture producing qualities that define him as a unique human being (Kessler, 1987).⁷

There is some reason to believe that steps may be taken to rectify this situation. For example, "Reaching Out", a Facilitating Program report based on province wide consultation with community professionals, recommends that: "[i]ssues of staff selection will ... need consideration, especially related to issues of 'cultural sensitivity'. Wherever possible, multi-cultural staffing or close linkages with multi-cultural communities needs to be established" (Crossroads, 1993b:19). Nevertheless, increased community collaboration and diversity of personnel are not guarantees that an appreciation of cultural matters will be reflected in the Facilitating Program's perspective and practice.

The Care Plan as Social Contract

The net effect of the care plan process reinforces the belief that the state of the art in contemporary social science has been brought to bear on the situation of the individual youth. These authoritative discourses tend to be accepted due to the perceived benevolence of the experts who produce them and because they are cloaked in scientific legitimacy. Knowledgeable specialists in the areas of social work, psychology, education, child care and nursing have joined forces to provide the psychiatrist with the elements necessary to fashion an inclusive care plan addressing the major realms of the youth's life at present and anticipating the years of adolescence to come. As the product of these labours, the care plan is intended to represent a non-blaming paradigm in which to structure future interpersonal relations based on mutual respect and understanding.

The document itself represents a critical moment in the negotiation of a partnership between the professionals, the teenager and the family or care giving unit. This joint enterprise intends for the client to gain sufficient mastery so as to achieve autonomy from direct professional intervention and for care givers and the immediate community to provide supportive conditions for this process to take place. Implicit in this framework are certain skills which must be mastered to successfully navigate this social field. The care plan indicates these desired behaviours and attitudes and proposes further specialized help where required. In this way, professional mental health professionals administer a program designed to encourage a particular form of subjection among the youth, care givers and the local community. The professional's authority is maintained not by withholding knowledge as was traditionally the case, but by making this knowledge readily accessible (Ingleby, 1985:103). In this way, it is hoped that lay people will adopt the point of view of the professional.

Vital to the success of this objective is the actual composition of the youth's community. In practice, few people other than members of the immediate family, the occasional close relative and community professionals attend the care plan meetings and access to information contained in the care plan document and its supporting reports is closely monitored. As a community support worker explained to me, a community based professional – teacher, social worker, psychologist, etc. – would be given a care plan whereas a next door neighbour would not. Throughout the life of the care plan, the ranks

of the "immediate community" will tend to expand only to include those who have an interest as a *professional* in the youth's circumstances.

Certainly, professionals play a central role in the day to day application of the care plan. Significantly, discharge from the residential portion of this process does not mean discharge from the program itself. The youth remains "on the books" of the Facilitating Program until the age of nineteen. In practice, this means that legal responsibility for ensuring the teenager's well being legally reverts to the community case manager. However, the care plan itself serves as the practical "case manager". Care givers and local professionals implement its recommendations and monitor its effectiveness. When difficulties in administration arise, a community support worker from the Facilitating Program can be involved directly at the request of the youth, care givers or local professionals.

CHAPTER TWELVE – CONVERGENCE OF CULTURAL LOGICS

Things derive their being and nature by mutual dependence and are nothing by themselves.

Nagarjuna (second century Buddhist philosopher)

An elementary particle is not an independently existing, unanalyzable entity. It is, in essence, a set of relationships that reach outward to other things.

H. P. Stapp (twentieth century physicist)

The Facilitating Program goes some distance towards recognizing that all knowledge is relational. This is demonstrated by the emphasis placed by the staff on affiliation and mutuality, critical components “drawn from attachment theory, object-relations theory and self-psychology” (Crossroads, 1992b:423). The program also exhibits a sensitivity to the existence of multiple determinations, stressing that “biological, familial, social and psychological factors contribute to the process of securing attachment, and all of these factors interact in determining success or failure in this regard” (Crossroads, 1993: 423).

While the Facilitating Program distances itself from the medical model, it is careful to situate its own activities on the terrain mapped out by conventional mental health practices. For example, the Facilitating Program claims to reject the medical model of physical illness in which the location and cause of affliction are located in the individual with treatment initiated to bring about a cure. By contrast, attachment theory situates the origins of the current difficulties in relationships rather than within the person. Nevertheless, the Program subscribes to the terminology contained in the D.S.M. In the case of conduct disorder, the D.S.M. provides a classification which focuses on observable behaviour – much like the symptoms approach taken by the medical model – yet stops short of providing an explanation for the actual origins of these behaviours. In this sense, the medical model is invoked but not fully applied.

The Facilitating Program is critical of the approach taken by the D.S.M., pointing to the overlap between categories and speculating on the presence of an underlying predicament which accounts for these behaviours. The Program then proceeds to retain the concept of conduct disorder, ostensibly to comply with the conventions of the mental health professions in order to aid communication, establish credibility and enhance funding

possibilities. This also allows the facility to continue to cloak itself in the mystique of the D.S.M., thereby retaining the aura of medical authority while incorporating a positivist formulation – conduct disorder – into its discourse.

The journal articles produced by the Facilitating Program (Crossroads, 1993; 1994) attest to this approach. These presentations point to the overlap of symptoms shared by conduct disorder with other categories but do not challenge directly the legitimacy of the concept itself. Neither does the Program shed light on the particular social forces which promote the continued use of the concept of conduct disorder. Instead, the focus is on the existence of an underlying disruption of attachment which appears to be the basis for a number of different D.S.M. classifications. One plausible explanation for this is that the Facilitating Program is reluctant to question the prevailing structures which enable it to carry out its activities.

The Facilitating Program takes advantage of the authority and benevolence (Ingleby, 1985) associated with medical interventions while attempting to carve out its own unique identity. In particular, it piggy backs on the legitimacy ascribed to positivism, effectively hitching “rides with a fact-full discourse” (Young, 1992:5). Meanwhile, it endeavours to graft certain features associated with interpretive social science onto its practice. This reliance on the legitimizing aura of empirical science tends to suppress a reflexive critique of the Program’s theoretical perspective and practice.

The Program argues that an individual’s behaviour must be understood to be meaningful and to be rooted in social relationships. Significantly, the most recent journal article demonstrates an awareness of the impact of broad structural inequalities on their clientele (Crossroads, 1994:360-361). The paper continues with a description of the application of attachment theory in its community-oriented care plan program and a generally positive assessment of the results of its program evaluation. It concludes with the observation that:

[t]here is little question that insecure attachment is related to the development of behavioural problems [Greenberg et al., 1993], however, considerable research is necessary to determine how attachment interacts with other factors such as parental management strategies, exposure to high risk environments and child biological factors in determining adjustment during adolescence (Crossroads, 1994:368).

Yet the research procedures employed by the Program effectively decontextualizes the individual in order to explain behaviour. The various modes of inquiry used by the department of psychology, for example, focus on the person's responses to questions which either have little relation to their typical surroundings or are highly ambiguous in their content. This tends to draw attention away from the actual social context, focusing instead on the response of the individual *qua* individual. Similarly, the residential assessment profile compiled by child care and nursing provides a decontextualized evaluation of the individual, disregarding the unique and frequently highly charged setting which provides the basis for their observations. Both accounts embody a circumscribed notion of the self that borders on the unified, rational subject of positivist psychology. These methodologies result in authoritative accounts which, combined with the time constraints associated with the care plan meeting, minimize the possibilities for an open dialogue. As a result, the potential for reflexive appreciation is hampered and protocols persist without the benefit of rigorous self-scrutiny or collaborative critique.

Consistent with positivist science, the Facilitating Program seeks to explain behaviour independent of its own relationship with the person or person under study. The Jesness Inventory is but one instance of a procedure used by the Facilitating Program whose premises and beliefs are suppressed under the rubric of "science". The questionnaire's inclusion of working class values as a marker of behavioural dysfunction attests to the presence of ideological assumptions in this supposedly value-free research instrument. Culturally relative beliefs and values are innate to any investigation, no matter what its claim to scientific neutrality. However, the values guiding the theory and practice of the program need to be identified clearly so that they might be examined and evaluated. For the most part, the perspective and procedures of the Facilitating Program do not foster this type of critical examination.

The Facilitating Program's research focus is also problematic. The emphasis is on refining the procedures for identifying and categorizing possible insults to attachment, determining the importance of age in evaluating the potential impact of these insults and correlating these earlier occurrences and conditions with subsequent behaviour problems. This perspective tends to overlook the productive nature of such an inquiry; the individual with her complaints is seen to exist independent of the procedures used to comprehend her plight. This relatively nonreflexive search for facts carries the risk of becoming a process of normalization whereby the intricacies of an individual's history are sifted relentlessly to

detect possible causal relationships with later behaviour. With conclusive findings destined to remain just beyond reach, the research procedures support a particular conception of human behaviour based on individual psychology, a view favoured by the dominant ideology which its own activities reinforce in turn.

In its failure to take these considerations into account, the Program may be seen to be a victim of its own success. The journal article documents the generally favourable response of both the teenagers and their care givers to the care plan process.¹ Nevertheless, the reliability of these findings compiled from telephone interviews conducted by community support workers is left relatively unquestioned. Mention is made that the respondents may have modified their comments due to their ongoing association with these workers. This possibility is "not felt to be the case, however, because even prior to the evaluation the community was consistently encouraged to provide direct, open and often critical feedback to the program regarding their experiences" (Crossroads, 1993:426). This observation underestimates the potential impact of the staff administered survey on the responses of the participants. Instead, the stated willingness on the part of the Facilitating Program employees to engage in open communication is judged to be sufficient to dispel any possible distortive effects due to existing power imbalances. This tendency to discount the potential repercussions of its interventions is further evidence of the positivism which infiltrates the program's theory and practice.

The uncritical optimism reflected in these findings is tempered by the conclusions contained in the "Reaching Out" report authorized by the Facilitating Program but compiled independently of the telephone survey. The results of this study are generally favourable but the report indicates a certain amount of dissatisfaction with various aspects of the program. Significantly, the former community support supervisor who now works in another region speaks of the need for the education of participants in the principles and dynamics of the care plan model (Crossroads, 1993:53). These comments echo the report's recommendation which calls for greater collaboration with the participants in order to develop the existing program and to overcome any shortcomings.

Despite the presence of reflexive blind spots, the Facilitating Program's staff does not appear to be intent on muzzling opposing points of view. Certainly, Keith Johnson is receptive to my fieldwork project while being aware of its potentially critical nature. Neither is Jan Newcombe's reaction to my criticism of the class bias inherent in the Jesness Inventory one of defensive retreat. Rather, she freely acknowledges the limitations of this

particular instrument in much the same manner as she is open about her reservations with all the research procedures. Similarly, she is candid about the shortcomings of both the positivist and interpretive approaches, characterising her own position as one of straddling these two perspectives. Her prime intent appears to be that of revealing the origins of the youth's distress not one of dismissing any countering evidence that might put her current point of view in jeopardy. As is the case with the psychiatrist, she appears to be genuinely open to consider any possibility which would result in the improved welfare of the teenagers under her care.

This inquiring attitude is typical of Facilitating Program staff members. Their lack of a strict allegiance to one version of attachment theory contributes to an openness and flexibility which are attractive features of the program. In fact, the staff consists of a group of individuals who subscribe to a variety of different personal cultural logics while remaining within the overarching meta-narrative of attachment theory. These varying outlooks comprise points of view which appear to be at odds and which may promote quite dissimilar political consequences. Yet their accommodation within the Facilitating Program helps to explain its elusive nature and the difficulty in providing an inclusive critique of the program's operations.

Psychiatrist Keith Johnson and former community support supervisor Bart Turner illustrate the diversity of these opinions. They also offer revealing examples of the contradictory views which can be encompassed within a meta-narrative comprised of attachment theory. Both embrace outlooks which appear to stretch well beyond the boundaries of a positivist reading of attachment theory. However, there are elements in both their positions which resist reflexive analysis. As a result, the chances are reduced for alternate conceptions to come to the fore. As the main architects of the Facilitating Program, their continuing impact on the direction of the Program is considerable. Their perspectives and the implications for the Facilitating Program require a closer look.

Keith and Bart speak of the importance of being "well integrated" in order to be effective in the type of work they do. This refers to their belief that they have reflected on the possibly decisive impact of certain people, conditions and events on their lives and have incorporated these reflections into a coherent working model of self and other. In Keith's case, early childhood experiences in which he was separated from his mother and father due to wartime contingencies fostered a sense of ontological insecurity. Keith recounts how he was in his mid thirties before he came to the realization that other people felt much as he

did. Nevertheless, feelings of instability and uncertainty continued throughout his years in medical school. Keith considers his early experiences and the resultant insecurities to be formative of his interest in the plight of so-called conduct disordered children. These factors were also decisive to his growing conviction that attachment theory provides the most compelling explanation of their predicament.

Bart, on the other hand, speaks of supportive childhood conditions which he believes contributed to his sense of ontological security. He provides examples to illustrate what he characterizes as a nurturing upbringing in which he and his siblings were encouraged to explore their environment and their own capacities without fear of censure or rebuke. Bart's relatively late decision to pursue a career caring for children and youths was motivated not by a sense of purpose forged by traumatic incidents in his own childhood but, rather, from a recognition of the pleasure he derived from this type of work and the apparent skills which he brought to this activity.

The Psychiatrist's Paradigm

In attachment theory, Keith and Bart found an outlook which resonates with their own lived experiences. Whereas Keith and Bart are on opposite sides of the equation in terms of their assessment of the security of their own attachment, both are convinced of the legitimacy of the conception of non-dichotomous thinking promoted by the attachment model. The intersection of their personal logics with the explanatory model results in distinctive world views which reinforce one another and lead to particular political consequences. Keith's conception of this perspective are spelled out in the following remarks:

You need to get your paradigm wide enough to be able to see [what's going on]. We are often presented with quite dramatic examples of [what I'm talking about]. "A war on drugs" – people don't understand what a "war" means. All wars have victims and I don't care what the language you use. We're very good at using the language to make it appear as if we were somehow on the side of right. You know, dichotomous thinking again. We have the right to do this because it represents a moral right. You get arguments on the morality of things from people who say it's moral to be outraged by pornography; it's moral to be outraged by feminist issues. You get this kind of dichotomous thinking that breaks behaviours up into good and bad and people decide based on their own experience which part of the

dichotomy they're going to hold to. Regardless of who you talk to – even Hell's Angels have got good and bad.

In fact, the more prone to violence people are, the more likely they are to dichotomize. Violence creates the necessity for counter violence. The structure is violence versus violence. Your paradigm has got to include looking at that structure of violence versus violence. When I'm looking at these kids, I'm looking at the violence done to them. It seems so simple and so obvious now because if you do a history of affiliation all you see is the violence done to them. It seems so simple and so clear to me that I have difficulty now understanding why I didn't understand that for so long. I even use language like wounds, attachment wounds, without realizing that I'm talking the language of war. People get wounded in a war.

The centre of attachment becomes the defence of the cub. At the centre of society is the defence of the cub. That's the paradigm. If you get inside the paradigm, you get safety. But the price of the safety is the willingness to be violent. Now, you can get in touch with that really easy on a personal level if you just think about if somebody you love was being threatened. What would you do? There's very little violence you wouldn't resort to almost immediately. You certainly wouldn't stand around having a discussion about affiliation with a person who is threatening the person you're attached to. Attachment leads to violence. Then the concept of a violent attachment becomes quite evident. Suddenly, all of the abusive stuff that goes on between couples, you can start thinking about in rational terms. It's the attachment that's causing the violence. Take the example of the stalker. The person goes after them because they have the experience of being violated, the experience of this person taking their attachment issues and then throwing them in their face and saying, "Get away from me". Obviously, it's kind of an aberration at one level but on another it's only part of a process and if your paradigm is wide enough you see it in terms of a process that's going on. That's where my thinking is going now.

But now we're out on the edge because I don't have any solutions for the war in Bosnia. I don't have any solutions for what the Americans are doing in Africa. Well, the UN presumably. You can't blame the Americans for everything. You ask them to be Daddy and then if they strike somebody you tell them they're bad. They're bombing Somali people that they went there to help. How is that helping? Yet if they don't, what are they supposed to do? I can't think outside of violence. How are you willing to protect somebody? That's what brings me back to the paradigm of the cub and the parent. These people are starving. There aren't enough resources to go around. The only way that you can make sure that your tribe has enough is to take enough for your tribe. That means there would be even less to go around if you share it equally. What else are you supposed to do? If there was enough, then you could probably say that there was enough. But, in Canada, we don't think there's enough. You take the kids we work with. How are they ever supposed to get a car without stealing? I mean, literally, we will not share our resources in such a way that they can have what a lot

of us will have. How does somebody buy a house for \$300,000? The first house I bought was \$8,500. It was a nice house too. But wages were 60 bucks a week. You see, we've got this really violent structure created out of attachment and then they're complaining that violence is increasing in our society.

I see a kind of thread, if you like. Quite clearly it appears to me that I have watched this phenomenon since the time that I was in London with bombs dropping on my head as a 3 month old baby. My mother was in London where she had no obligation to be but ostensibly she was staying in case my dad came home. Yet there's a kind of an acceptance that people could drop bombs on your head. How far back does that go in Ireland? One country has taken over part of another country and they're still in the middle of Belfast willing to bomb things? They don't know what else to do. Every so often they form peace groups which go around saying we're going to have to stop doing this. That's a kind of a violence because you're trying to convince the other side to stop doing it. How are you going to do that? Well, you can get violent with them. You can put them in jail. So how we take it further from here is really, really difficult.

The [Facilitating Program] takes the meat out of the sandwich to a large part but the problem with that is that we're left with what's at the bottom of the barrel. Most people you can look after by reducing the violence towards them. If you're not violent towards them, they reduce their violence somewhat towards you. They don't eliminate it, but it gets down there. You start taking some of the violence out of the situation. Care plans really are suggestions that we take violence out of the situation. We look for where the violence is being fed and then we try and detract from it. You try to make the aggressive solution less prominent in terms of problem solving and that seems to make it easier for everybody to get along. In fact, I think it does make it easier for everybody to get along. That's why attachment is, on the one hand, what I use and, on the other, what I'm trying to overcome. The paradigm has to be wide enough to do that. When you take everybody out that you can take out, what do you do with what's left? We're getting good at taking people out because all you need to look after them is to follow a reasonable care plan. But it's really hard to get people to do that because it's counter to their attachment. It's counter to how they think and feel about attachment. It's counter to how they *do* attachment. The more visible – probably the more violent, if you like – our client is, the less likely it is that people are going to do without violence to take care of them.

We have this business of charging kids. No one sees it as at all incongruous to have a grown up adult with a gun in their hand walk into an area and say "I'm going to interview you" to a 12, 13, 14 year old child. It is incongruous but it's institutionalized so you can't see that there's something wrong with this picture. This is just the normal picture. Somebody behaves in this way then we have to charge them. The fact that the violence the child resorted to was most likely provoked by the adults in the environment is not considered relevant. On the one hand, we depend on generalization. That

is, you treat people more or less the same. We depend on that for socialization. But, on the other hand, if you've always experienced abuse from adults, then why wouldn't you generalize that? The logic of one side of the paradigm is the same as the logic on the other side of the paradigm. I can take our thinking that far but who is going to take it the next step? Who is going to open a new frontier for it? For me, that is the question.

None of us have found a way of going beyond the paradigm. Within the paradigm, we can continue to look after kids fairly successfully because, at least for now, we can accept that we can't get rid of all the violence. But if we can get rid of most of it, things will be better. How this is going to play out politically in the next couple of years is important as well. We have a whole world at the moment which is intent on each tribe defining its territory, creating some sense of safety and we have large tribes attacking each other. And we have the whole problem of violence within tribes to deal with as the world reasserts itself. Clearly, we can't think of any other way to do it except through violence.

Keith embarked on a medical career relatively late in life after acquiring experience as a child care worker followed by a baccalaureate in psychology and a Master's degree in social work. Medical school brought Keith in close contact with the analytical approach associated with the medical model. By contrast, he favoured a relational view that stressed mutuality, the reciprocity of social relations, a processual view of knowledge production and an interdisciplinary stance. Keith's preoccupation with personal aesthetics is a logical extension of these perspectives, highlighting the unique sense of being-in-the-world that characterizes the reality of each individual:

I tend to try to see things from -- the latest buzzword -- an aesthetic view of the entire experience of something rather than a dichotomous view of something. Now where did that come from and how did it develop? I think there's a good argument to say that you can't get to this position without it being somehow an affective process, a process that has to do with attachment and caring about things. But it's also a cognitive process. Again, it's another aesthetic, isn't it? It's another non-dichotomous sort of position. Basically, what I'm talking about is trying to develop a way of marrying cognition and affect and to marry experiences so that we have a whole rather than parts of a whole. You see, I really think the scientific method in terms of behaviour lets one down. The scientific method depends on a kind of analysis of a thesis and any time you analyse a thesis it's a bit like taking a jigsaw puzzle apart and looking at the pieces and then somehow construing the examination of the pieces as giving you information about the whole when, in fact, it will never give you information about the whole whatsoever.

This occurred to me working with people in medicine who venerated this way of thinking and who wanted to discuss, for instance, brain metabolism and to try and discuss the components of the cells that make up the neural network that really is the brain. It very much reminded me of someone who had gone down to the Bell Telephone switching station and pulverized everything, discovered that there was a whole bunch of concrete there and decided that explained how the telephone worked. You still have a whole bunch of people who take that view. Given enough time to sort the concrete, to sort the copper and the plastic, you could reconstruct the switching station. But you still only have a switching station. You still wouldn't know how the telephone worked. This is not a new thought for me. This is not a thought that happened in the present. But it was a thought that I didn't know what to do with. You know how you can be aware of something and at the same time not be aware that you are aware or not understand your awareness of it?

[Take, for example], life on the unit, day to day life on the unit. I'd walk into the unit and I'd see people working with the kids and I'd see predictable outcomes all the time. I'd say, "If you do that with a kid, the outcome you're going to get is not the outcome that we want." I'd try and point that out to the staff. Take something really simple. For instance, just last Friday, David from the cottage was talking to me. They sat there having tremendous difficulty with something that on the surface was very simple. They don't know whether the kids can wear hats to the table or not. An interesting question if you think about it for more than 10 seconds because why do people get involved in the minutiae of existence? Who cares? Yet some people are deeply offended by some kid coming to the table wearing a hat and other people feel very liberal about it.

The problem is they're both missing the point. The aesthetic of having a meal includes the experience of attachment. It is not the fact that the kid is wearing a hat that's the issue. The kid wearing a hat to the table is making a kind of statement which is contrary to the aestheticism of eating in our society. It's like a bad painting. For some of the staff going to the table and seeing a kid with a hat on – "well, wait a minute. This is not my aesthetic." Others come in there – "this picture doesn't look too bad. This kid wants to be a member of a gang; gang members wear their hats a certain way and he's making a statement about himself. O.K., I can understand that." They look at it from that perspective. But when people start talking about this, they really get in trouble quickly because they really don't understand what they're talking about. They really haven't got to the point of what are we discussing here....

Keith's seemingly paradoxical belief in the value of both quantitative research and personal aesthetics attests to his recognition of the general patterns which can be seen to cut across the unique particularities of individuals. This composite view is consistent with the Facilitating Program's perspective which attempts to straddle the positivism of John

Bowlby and the hermeneutics common among many contemporary practitioners of attachment theory:

What's really helpful in this regard is an understanding of psychodynamics. Unfortunately, psychotherapy has fallen into disrepute. When I talk about control issues and violence issues, that's a fairly new formulation for me. The other fairly new formulation for me is aestheticism, the sense that there is more to interaction than cause and effect. There is a dimension that is entirely aesthetic. There are very few words for it. If you go back to the white haired gentleman [Fritz Perls] who was moving from stool to stool, you can see the gestaltist sense of figure-ground. You can see that's another expression of the idea I'm trying to get across. They demonstrated in the physiological realm how we do that from a perceptual point of view and then they applied that to psychology.

[For example,] I find physicists incredibly amusing because in one sense in their paradigm they can understand matter and they can put a man on the moon and they can make space craft but in another sense they don't have the faintest idea what they're talking about. When you get down to trying to find some first principles, they haven't got there. All their science is resting on a lack of comprehension at some point. And that's an aestheticism. It doesn't mean that they can't build space craft. They can. But they can't tell you why. And they can't tell you why they work. They just know if they put all these pieces together in this particular way then the outcome will be this, not why the outcome is this.

Not that they haven't gone a million miles. If you read [physicist Stephen] Hawking you can see how far they've gone. But in spite of the fact that they can manipulate the physical world, they don't know more about their field than we know about behaviour. There is an unwillingness to accept this point of view, especially in medicine. Doctors have gone to the esoteric, have gone to the "we can explain it by just simply taking it apart; if I can understand how the membrane of a cell works, then I might have increased my understanding of human physiology." But so what? Understanding that is extremely important. I'm not devaluing it. I'm saying that at some point somebody is going to have to come along and say, "Well, why? Why is there a cell wall there in the first place? What does it matter how it works? What is the purpose of it working in concert with all the other cell walls? What is the sum of the matter; not what is its functional structure?"

The bigger questions for me are the ones that are brought up all the time. Those are the ones that I'm listening to when people are talking because without an aesthetic we don't have anything. Taking things apart to see how they work – in other words, dichotomous thinking – eventually gets you to the stage where you are examining the puzzle piece that you've taken from the jigsaw puzzle for its compositions of cardboard and its shades of colour as a way of trying to look at the picture. Its patently absurd to try and figure out what the picture is from one of the pieces of the puzzle – one of the

components – because the look of the picture itself is an aesthetic experience. It doesn't lend itself to the scientific method.

I'm not advocating further dichotomous thinking by moving away from scientific thinking and replacing it with aesthetic thinking. I'm suggesting that if you add them together, you're going to have a wider paradigm to think in and we don't think very often in that paradigm. Stephen Hawking thinks in that paradigm. [Ontario psychiatrist] Dan Offord thinks in that paradigm. That's the ideal: to move toward a paradigm that includes both aesthetics and scientific thinking. When I go to a meeting and people are talking to me, that's what I try and answer them in. I can tell that sometimes I sound like I'm speaking gibberish because I don't have an aesthetic language or an aesthetic training. But I see its significance....

The “Untraining” of Community Support Workers

There is nothing either good or bad but thinking makes it so.

Shakespeare

Bart seeks the benefits of a change in consciousness as well. He credits his adherence to a non-dichotomous approach to formative childhood experiences, an upbringing characterized by profound acceptance and tolerance of his need to experiment. An incident in university further consolidated his belief in the desirability of an inclusive outlook:

There was a movement to get the Reserve Officers Training Corps (R.O.T.C.) off campus because all of us – we didn't use the term then – “politically correct” types couldn't tolerate the thought of associating with these blood thirsty warmongers. Any association whatsoever implied endorsement of the war effort. In fact, there were people in the movement who would go to even greater extremes and use violence in that regard. The chair of the humanities department challenged me one afternoon and we got into a discussion. “What do you expect to accomplish by getting these people off of campus?” I said the correct line. “Well, it sounds like they need the benefit of associating with what you consider to be civilized thought. What benefit is there of having an army which is segregated from a concern for humanity, especially in a republic and a social democracy?” He made a very sound case for a paradigmatic shift that I wasn't ready to accept at the time. It was troubling then but it was years later that I really had to confess to myself that he was right.

Bart draws upon his training in theatre and his knowledge of literature to exemplify this non-dichotomous attitude in his training sessions for community support workers. The

poetry of T.S. Eliot, W.B. Yeats and Allen Ginsburg and videos of Saint-Exupery's *The Little Prince*, William Burroughs' *Naked Lunch* and Joseph Campbell's *The Power of Myth* are combined with haiku writing and drumming to underline the duality of thought and action that typify conventional ways of thinking and acting. The net effect is to precipitate what he terms "a paradigm shift in consciousness", "untraining" which would enable workers to refrain from imputing blame when encountering obstacles to the development of supportive relationships in local communities. These resources are used in conjunction with Alice Miller's *The Drama of the Gifted Child* (Miller, 1981), Robert Bly's *Iron John* (Bly, 1990) and Dorothy and Raphael Becvar's *Family Systems* (Becvar and Becvar, 1988):

Narcissistic attachment is one of Alice Miller's paradigms. [She speaks of] the price paid when narcissistic needs aren't met, when children are not loved or admired, when the family doesn't celebrate their existence. The need to be complete is so strong because that is the natural law, a deep psychological imperative. [People] will spend their lives trying to achieve that sense but they will have a big hole inside from preverbal times. [They will try] to build a shell of external accoutrement to say that they are whole. Some take a creative approach expressed in their art; another choice is to be destructive, to replicate that onto others.....²

The Drama of the Gifted Child is important because it shows the price of raising the child to meet the needs of the parent. It is a powerful emotional experience for any one who reads it because we generally are raised that way to some degree or another. It causes people to re-examine their understanding of how they were raised. They can see what great cost has been exacted from them and they can also empathize with that kind of experience in others and not judge it. They become more accepting through their own experiences that its painful or plausible for others to be in the kind of pain that they're dealing with. They realize the kind of approach that says, "well, just snap out of it or grow out of it" (which is one that we often take) wasn't realistic for them, so why would it be realistic for others. You have to be accepting of others' experiences.

Bart and Keith share a passion for the works of Robert Bly (1990) and Joseph Campbell (1988) both of whom rely on myths to articulate certain timeless truths which purportedly lie at the heart of the human condition. Bly focuses on what he considers to be the contemporary necessity for men to acknowledge the mixed psychological, emotional and spiritual legacy bequeathed them by contemporary industrial society in which child raising is typically the exclusive domain of mothers while fathers tend to be conspicuous by their absence. Appearing to avoid reductionist and essentialist conceptions of gender identity

(Bly, 1990:34) and sexual orientation (Bly:1990:x), Bly initially affirms an androgynous view of humankind. He later qualifies his argument by stressing that "for this century and this moment it is important to emphasize the three percent difference that makes a person masculine, while not losing sight of the ninety-seven percent that men and women have in common" (Bly, 1990:234). Bly employs an extensive knowledge of myths, religious texts, history, philosophy, literature and folk tales from a broad spectrum of cultural traditions to argue that: "[a] boy cannot change into a man without the active intervention of the older men" (Bly, 1990:86-87). Bart observes that::

[Alice Miller shows] how a child has bits of himself sort of squashed, cut off and broken away, killed, buried in his development and how that experience develops pathology. Robert Bly's *Iron John* takes the same principle but says this is how you can develop completeness or wholeness. For some reason or another you feel incomplete. There's something missing. You go into a quest and you seek something. What happens is that you get into some of your repressed, painful, dark side of your life -- your ashes -- and you come out of it by marshalling your resources. Often you are given something in your life -- a key, a golden apple -- and you use it to acknowledge completely the shadow part of your life. Bly uses that metaphor, the dark side, the ugly side and the image of eating it, integrating it. He says this is a way that a man would do it. This is helpful as a model for development and growing as we often focus on the needs of females and haven't focused until recently on how men are raised. The official victim is easy to see and it was assumed that men were complete, that they had the power.....

What is significant for my purposes is that Bly's analysis, for all its sophistication and subtlety, tends to reduce complex, multi-causal social situations to a univocal psychological theme. This is perhaps best illustrated in his commentary on youth gangs -- "[w]hen you are looking at a gang, you are looking ... at young men who have no older men around them at all" (Bly, 1990:32) -- and student rebellion -- "[t]he son's fear that the absent father is evil contributed to student takeovers in the sixties" (Bly, 1990:21). Finally, Bly's statement that the genetic difference of "just over three percent...isn't much[, h]owever, the difference exists in every cell of the body" (Bly, 1990: 234) leaves the reader with the impression that entrenched dissimilarities will always distinguish men from women, a distinction which Keith describes as being "self-evident".

What tends to be downplayed in Bly's account are the historical contexts in which these narratives first appeared. Seeking to make sense of the human condition in a reassuringly universal and timeless manner, these stories are, nonetheless, products of a

specific time and place. The commonalities shared across history and space may be more misleading than revealing, obscuring divergent circumstances, diverse influences and dissimilar meanings which have been rendered homogeneous and coherent by interpretations favoured by dominant cultural traditions.

Joseph Campbell (1988) complements Bly's analysis, highlighting the rites of passage to adult gender roles typically encountered by men and women across the sweep of history. Campbell looks beyond the historical dimension of individual agency and social structures in his quest for explanations for the difficulties which befall humankind. In his view, an understanding of human affairs is best sought through mythology for "mythology is the penultimate truth – penultimate because the ultimate cannot be put into words" (Campbell, 1988:163). It is through the examination of myths that we will catch glimpses of an overarching force whose purpose is revealed through the actions of humans. This idealist conception of history clearly minimizes the tenet that "men (sic) create their own history" and renders the likelihood that human actions can eradicate conditions of inequality to be dubious at best.

Like Bly, Campbell (1990:50-55) seeks to transcend the dichotomies which permeate our cultural traditions.³ Campbell's investigation of myths has produced an abundance of materials filled with images of the nurturing, omnipresent mother and the emotionally distant, absent father in which "the finding of the father has to do with finding your own character and destiny" (Campbell, 1988:166). In his opinion, a major function of myths is to provide a guide for this quest. While both males and females embody elements of the other, the solitary pursuit of the father by the male and the path into motherhood of the female are gender specific. Neither quest is more or less heroic; both represent destiny dictated by biology (Campbell, 1988:124-125). In Campbell's estimation, the basis for these mythic themes lies in our universal human psyche (Campbell, 1988:51), the vehicle which offers each of us the potential to experience the transcendent, the ultimate meaning producing practice (Campbell, 1988:58).

Campbell's shunning of materialism includes an attraction to Jungian archetypes (Campbell, 1988:51), an influence which is also evident in the work of Robert Bly and Alice Miller. Carl Jung's advocacy of timeless essences has enjoyed a resurgence of popularity recently with perhaps the most influential contribution being Jung's "pioneering study of the inner child" (Abrams, 1990:24). The concept of the "inner child" not only finds favour with

both Campbell (1990:260) and Miller (1990:189) but also occupies a place of privilege in the discourse of many professionals and lay people involved in the identification and support of survivors of childhood abuse (Bass and Davis, 1988:58; Davis, 1991:33; Bradshaw, 1990: 224-225). The inner child is but one in a number of archetypes believed by Jung to be inherited features of a universal collective unconscious (Jung, 1990:25-30; Ellenberger, 1970:705). Fundamental distinctions in terms of age and gender (Ellenberger, 1970:710) as well as race (Dalal, 1988) are enshrined in his inventory with myths considered to be enactments of these archetypes (Abrams, 1990:25). In Jung's estimation, "[t]he most we can do is to *dream the myth onwards* and give it a modern dress" (Jung, 1990:25; original italics). Campbell and Bly, it seems, are only too willing to comply.

Jung's influence contributes an under current to the work of Campbell, Bly and Miller, guiding their analysis away from examining immediate social conditions as contributing factors to problematic behaviour and from recommending structural transformations to prevent their recurrence. In Jung's view, an archetype corresponds to a type of neo-Platonic idea (Ellenberger, 1970:706; Abrams, 1990:25) which owes its form not to the social practices of the moment but, rather, to its location within a collective unconscious. Unlike a hermeneutic or critical interpretive conception of the unconscious which is located in the lived experience of the individual, "the Jungian archetypes of the unconscious are biological" (Campbell, 1988:51). Never to be grasped in their entirety (Jung, 1990:25), archetypes are metaphors promising glimpses of universal truths. The power of myths serves to connect individuals to a supposedly common psychic heritage, deflecting attention from social experiences which informed their creation and which continue to be implicated in their re-telling. Jung, with his emphasis on archetypes, fashions a meta-narrative of elusive essences, timeless in form and relentless in its capacity to divert our gaze to the past and beyond.

This legacy is evident in Alice Miller's mono-causal interpretation of troubling behaviour as signifying an unconscious re-enactment of a childhood predicament (Miller, 1984/1986:15). The possibility that this perceived acting out is a learned idiom of distress whose (re) appearance is triggered by current oppressive conditions is downplayed in her presentation. Instead, the examination of immediate relationships including broadly based social patterns takes a backseat to efforts to reconstruct a past whose precise features are destined to remain as as elusive as Jung's archetypes. This pursuit also serves to reinforce the conception of the person as a unified individual rather than the dynamic locus of often

contradictory and conflicting social relations. In Miller's view, the individual's "social ecology" is confined to relations with immediate care givers, typically the mother.⁴

David Ingleby (1985:105) argues that the professional discourse of mental health professionals seeks a legitimacy not unlike that sought by folk tales, fables and myths. The difference is that professional discourse tends to portray itself as objective as well as benevolent, lending itself immunity from critical examination of its underlying beliefs, values and biases. While it is true that fables and myths typically do not rely on an appeal to objective authority to substantiate their claims, this does not diminish their power of persuasion. Much of their credibility is generated by their resonance with life occurrences that cut a wide swath across the everyday reality experienced by a substantial portion of human society. The documentation of typical rites of passage, identity predicaments, conflicts between individual initiative and solidarity with the community, personal quests and losses imbues these cultural artefacts with a timeless aura. They comprise a popular social psychology, interpretations of contradictions and transitions in an individual's life span which tend to coincide with the dominant cultural norms. Their reassuring compatibility with recurring cultural patterns tends to elevate myths and fables to the level of eternal truths, evocative of a rhythm, purpose and design that appears to supersede human intervention rather than simply mirroring the power imbued regularities of social life.

Jung's appeal to universal archetypes and Campbell's cosmic psychology bear traces of this idealist rhetoric, mystifying the historically located forces of production which brought them into being. Their origins are attributed to a superhuman hand rather than acknowledging their location within the persistent social psychologies which are retold with each generation. The values and biases embedded in these cultural narratives are as grounded and specific as those found in the presumptions of social workers and psychiatrists who produce their own fables, their own stories of childhood (Rogers and Rogers, 1992). Whether the objects under analysis are myths or professional discourse, the challenge is one of unpacking the contents to disclose the social interests contained therein.

Beyond the Psychiatrist's Paradigm

Attachment is the great fabricator of illusions; reality can be attained only by someone who is detached.

Simone Weil

The challenge to illuminate concealed contradictions can be daunting. In Keith Johnson's world view, the explanatory power of attachment theory as a meta-narrative is simultaneously intensified and rendered more complex. This extended passage captures the flavour and the sweep of his outlook:

Take the figures of Jesus or Buddha, their mythical existence. Whether they existed or not, nobody knows but somehow or other the ideas existed so they probably existed in a person. When they subjected their ideas to the raw light of day, when they put their ideas into the culture they were living in, the ideas were politically bastardized. It really makes me laugh sometimes because you'll see people looking at a crucifixion as an ideal. They don't really seem to get it. People will fill up a church – a Catholic church or any other church – and there will be a cross there. What are they looking at? They're looking at essentially the figure of an idea. Jesus. Let's suppose for one minute that he had magical powers. His choice was to avoid that death and he chose not to be part of it. When you make a non-violent choice, what happens to you? When people go and look at a cross, are they then supposed to remember that he made a non-violent choice and violence was done to him? Does that give them the message to be non-violent? No, it doesn't.

Take the Jewish message: no more holocausts. For some obscure reason, they think it's a violent message. You watch the Jewish people struggle at the moment with violence versus violence. Jesus came from them too – they're very gifted people – but it seems like every 2,000 years, they've got to learn all over again that violence doesn't work. It gets you killed. Jesus refused to be violent and he got killed any how. You've got two kinds of Moslems, the Sunnite and the Shiite, and they argue that lines of descent are important. The blood lines are considered to be the important factor. If Mohammed's ideas are valuable, then what do the bloodlines matter? They're ideas that have value. Our biology seems to reject them....

I don't know if somebody is going to find a place to stand outside the [Facilitating Program] and the ideas of the [Facilitating Program] and say, "hey, you're inside a paradigm. Here's a bigger paradigm in which you can be more effective in terms of what you're doing." It might be the geneticist who stands outside and says, "Well, you know, from where I stand, I can fool around with other pieces of genes here and I can make everybody come out almost exactly the same. Therefore, the genetics of the situation will be equal. We'll have equal people."

In the strangest way, we're trying to invent ourselves. We're trying to invent thinking machines. We've already been invented. And we object to the fact that we have this limited life span. If you look at it like that, the machine would only work, this process would only work, if it covers all the possibilities of the D.N.A.. It has to express all its capacities. That means it has to have all its botched genetic experiments. That's the grandiosity of the experiment. I'm pretty narcissistic sometimes and pretty grandiose but the idea is a little bit bigger than me and its expression is a little bigger than I am. Yet I have the pleasure of being born at a time when knowledge has exploded in such a way that I can see the shape of the thing. If I have respect for the shape of the thing and if I have respect for the other people who are born in the same time I am, I don't have to go around fixing anybody. It will all fix itself. I've just got to take it as far forward as I'm able to take it....

We do unimaginable things. We do things that our ancestors couldn't envision anybody doing, but they could envision them. The Greeks thought about who is up on those planets. It has taken us 2000 years to find out but we're patient and persistent. During all that time, part of the people who were living and dying were being marginalized. Christ said it just as clear as anybody could: the poor will always be with us. And what he was really saying is respect people. He was saying they're as valuable as you are. You don't have any special value. You're just there and they're there. Be respectful....

We're involved in this aesthetic. There are parts of the involvement that we are not aware of or not in control of and can't be functionally directed. Even our structures get involved because they are just like us. You can have a Ministry [of Education] that has forgotten what it was supposed to do because the aesthetic of the Ministry is not understood. That to me is the 90% unknown that we live with everyday but in a kind of a weird way we know all the time. [Let's recall the analogy of] people who live with elephants. They learn to walk around them and after awhile they forget that there is an elephant there. I have no doubt that we are living with an elephant of some sort. And we walk around the elephant every day of our lives and if we could only open our eyes and see the elephant we could probably ask the elephant to move or put the elephant somewhere less inconvenient.

The problem with parenting now is the aesthetics of parenting. Its almost like we've forgotten that all parents have a care plan for their kids. There's nothing visionary about a care plan. Everybody has one. That's part of having a kid. Except in our society, some people don't have a care plan for their kids because their kids are not kids. They're something else. What I see more often is ambivalent kids. What I see is that some people have kids without knowing that they are going to be separate from them. There's a whole sort of basic feminist literature that blames mom. They say don't be mother bashing, but they write book after book after book about how their mother has influenced their life and continues to influence their life in a way that they find themselves suffering from and that they have to recover from. And that's total garbage. They haven't got the concept yet that they're

separate. This appears so simple and so self-evident when you think of it. The idea of separateness, for instance. We are separate. But we're not. Because if you think in attachment terms, we're never separate. To talk about your idea again of having these two poles pulling us, the idea that we're an individual and the idea we're part of a social group, is the same idea that we are separate but we are attached. One's in sociological terms and one's in psychological terms, but it's the same idea....

The danger is that we continue to do what we're doing. The danger of doing what we're doing is that it's not going to be long before somebody drops the atomic bomb on somebody else. That's going to happen because if a human being can think of it, a human being will do it. You see, we haven't come very far forward in the aesthetic area. Religion was almost useful -- it's not useful any more -- because it appreciated aesthetics. In a weird way, it venerated what we didn't know. It tried to express what we didn't know in cathedrals and paintings. That went into corporate thinking where buildings were built to express what we didn't know.

I don't know what to call the field we're talking about. That's why I think we need to have people to continue to be doctors before they become psychologists, before they become what we call psychiatrists. I think we need to have a grasp of the totality of the aestheticism. And I think that group requires a very broad based education. You need to go to university. You need to know a bit about philosophy. This is a "need to know" situation because if you get settled in then you will get the person who knows nothing but what's in the cell wall and they'll dismiss the aesthetic world, dismiss Jungian thinking or Alice Miller or Stephen Hawking. If you're having a paradigm, those guys have got to be in the paradigm too. [Otherwise], it means that your aestheticism is reduced to Andy Warhol.

I hate to even think about this because it all has to fit together. We all live in the same world. The idea that there is conflict between nature and nurture to me seems so simplistic and so silly. The last 10 years or so has been spent trying to clear that kind of dichotomous thinking out of my mind. If I think of Jungian stuff and I think about Alice Miller type victim outcome stuff and I think about the D.N.A., it should come as no surprise that, in order for us to have continuity, we have to have reliable, predictable outcome. Transgenerational changes are more marked by their lack of change than they are by change.

I'm not sure that we've extended the aesthetic side of knowledge very far. On the dichotomous side -- on the scientific side, if you like -- we've managed to take a lot of things apart and consequently understand the pieces to some extent and understand how to put them back together again and understand how they function together. You can understand function quite simply without understanding purpose. You can put a rocket together, but so what? What are you going to do with it? So far we shoot it up in the air and let it come down again

because we know how to do it. We've had a probe go out into the galaxy. But why? The only thing we can think of is in case there is somebody out there who might see it. The guy that does that is tying a flag to the highest tree hoping that if somebody goes by it will attract their attention.

On the aesthetic side, the one that makes most sense to me is [playwright Samuel] Beckett. I think that possibly the greatest aesthetic work of art for me is *Waiting for Godot*. Existentialism. The existentialists looked at the life of one person and inside that one life they found room for cynicism and, to some extent – Rimbaud said it long before me – they found despair. The aesthetic side of the answer to those guys' thinking, obviously, would be religion. We need to talk about both the meaningfulness and the meaninglessness of the individual life. That they have two limits....

There are very few models. Where do you look for models? You could look to Christianity. According to The Bible, Jesus was never violent. Look what other people have made of what he said. They have taken it and reworded it into incredible violence. The same thing is true of Muslims. The problem is for them people don't include kids or women, just men. Buddhists take it to mean that you're not violent to any creature. But are they doing O.K.? What's happening to them? Then you look at the people without a sense of this as an issue. You look at the Chinese who are quite willing to kill their kids to maintain order, to maintain privilege. Russia was the failure of the idea of socialism. There it was the grandest experiment ever but they tried to bring about sharing through coercion. Of course, it didn't work.

Where do we look for models? The creativity of people in the academic profession I find scary. The only way that people seem to be able to think is to replicate what the person in front of them is advocating and then find another way of writing it down. Or find another way of proving the same fact or what they call facts. That's the paradigm but inside the paradigm there are a million things to think about. Someone needs to spell out what kinds of assaults there are to bonding. Is too much attachment the same as too little? Is there white attachment? Is there gay attachment? Is there black attachment? Is there Chinese attachment? Are there periods of attachment? Are there periods when you are more likely to be attached than others? What changes over time? What happens to different kinds of attachment? How do you study attachment in a 14 year old? The work, I think, is hardly even started. It's just an ideal.

The whole process of psychotherapy, for instance, is a process of integration. By taking the themes of my life and being able to have them all with me today, I will at least be able to reflect on them. But if I have to take some of the things that happened to me and place them in a certain category that keeps them separate from the rest of my experience, then not only am I not complete, I can't reflect. Almost by definition, in order to do this kind of thinking, you have to come to terms with your life. You have to be able to be inclusionary in your own life. And psychotherapy is going out of fashion. There is a kind of a pill mentality that people call organic as if they were

saying sensible. I'm sure some day we'll be able to tell you everything that the individual cell does and even how it does it. But that will tell us nothing at all about how they "cell". So I use the word intention when I talk. Obviously, it's another word for purpose. In that sense, I'm suggesting that life is purposeful. If you don't have a paradigm that includes the purpose, you have nothing at all. It would be like sending a probe to the outer reaches of the universe with a message on board to whoever it meets only to have whoever finds it take it apart to see how it works....

If you spend enough time and if you get old enough, then you can think about Robert Bly a little bit and then you can think that if you have enough information then you can add it together in some way, in some kind of abstract form, you might find the beginning of wisdom. And so we come full circle to the word I've been using a lot. You go to the elders for wisdom. You don't question their wisdom because it's wisdom. And that, of course, is an aesthetic experience. The idea of aestheticism, the idea that there is a way of healing the splits between things and seeing them as related, seeing them as a whole and then finding some language to talk about them as a whole, that's what Jung was talking about. He was celebrating our individuality by asserting it as part of a whole. We're individual within the human experience but the human experience is a whole and we are part of the human experience. So the idea of there being traces of race memory becomes perfectly presentable in that kind of thinking mode.

The focus of all these thoughts presently has been violence. I've got an aesthetic. I can talk about that, but I can't get a big enough paradigm to help me deal with it in a concrete fashion. On the one hand, there's the bad violence vs. the good violence argument. It's the "I've got a bigger one than you" mentality. So if the kid is small you can pick the kid up. If the kid is an adolescent, you can call the cops or you can get 4 or 5 strong males to throw him in and lock the door. In other words, you say the paradigm is that violence exists and we have to deal with it. Therefore, we have to have good violence in order to cope with it and here is the definition of good violence. It's in the paradigm. That sounds sensible. Except if you take that in relationship to affiliation or you take that in relationship to attachment, you've got a problem. You have to deal with the idea that the person who experiences the violence from you doesn't experience it as good violence. That's not their aesthetic that it's good violence. So they then are given essentially bad violence by you which then amounts to the same thing that they did to you. So do you see where the paradigm can only take you so far?

....

The other place the paradigm breaks down inside the paradigm is even more frustrating. I watched it happen in [a treatment centre] last summer. There were two guys who were working in a house with 5 kids. And they decided that they were not going to be aggressive towards the kids no matter what the circumstances were. Well, guess what happened? The kids got more and more violent, both with each other and with the staff. It was a really scary place to be. One of the boys was probably a paedophile. Add that to

the mix and what have you got? The house just disintegrated right before our very eyes in three weeks. The other set of violence, the set of violence that people talk about that Gandhi and perhaps Jesus Christ [believed] in, that also incites violence. Gandhi and Jesus Christ both died in violence. Inside the paradigm, you're screwed wherever you go because the paradigm itself won't hold enough understanding to guide you.

When I say that these kids are no different than anybody else, I mean that as a direct statement of fact. They do what everybody does with the information that comes their way plus whatever they bring as individuals to the information. So when it's added together, they add it up the same way we do. They use it the same way we do. They plan their life with it the same way we do. So they are exactly the same as us, except they're different. Because we have made a bunch of rules that identify them as being different, not because they actually are different. We don't know how to deal with violence and we don't know how to deal without it.

[These kids ended up in that situation because of their history and because of how they responded to their history]. And because of their parent's history. That's where your transgenerational, that's where your Jungian stuff comes in again. They didn't end up because of their own personal history. They ended up because of the transgenerationalised history of their parents bringing whatever their parents brought to the situation.... How much does D.N.A. bring to the situation? Well, that's nature/nurture. The D.N.A. brings as much as it brings. You've got to understand that D.N.A. replicates very, very responsibly within the paradigm of D.N.A. Are we going to start [messing] with the D.N.A. in a way that D.N.A. is not going to be replicable anymore? If you leave anything out, then it's not part of it anymore. If it's not part of it anymore, then you've altered in some very significant way the final expression or the final purpose of the D.N.A.....

You go a long way thinking inside a paradigm. Again going back to how far we've gone with the paradigm of Newtonian physics or nuclear power. That's how we move forward and scientists would argue that I'm an iconoclast, that I'm in some way disempowering [by] saying that you can't get there from here [which] is basically what I'm saying. They say, "Look at how far this thinking has taken us. It can take us further. You can eventually read all the books in the library and know what the heck's going on. We don't need your pathetic attempts at the formulation of aesthetics. We'll just carry on the way we're going."

Fine. That's an argument anybody can make. It's not one I find credible because when I ask them, "Well, what are you going to do about Bosnia?", they just look at me as if that doesn't exist. "How come we marginalise 5.5% of the kids, marginalise with each generation and its getting worse as generations go by?" They've no answer to that. Talking the way you were just talking: "Can't we find a paradigm inside the paradigm that will allow us to understand". I haven't been able to. I've been at this for 33 years. I can't see a paradigm inside that will help us. Even though I'm stuck with using

them, I'm aware that they're not getting us anywhere. Now, if you can think your way by that, let me know.

The social conflicts that are common features of humanity are central preoccupations of Keith Johnson. In his attempts to think beyond the attachment paradigm, Keith's speculation turns to genetics as a decisive factor condemning us to the contradictory forces inherent in the human condition. The principles of attachment behaviour as they are inscribed in our biology define our capacities and limitations as a species. Relief will be forthcoming only at such time as our current genetic configuration has run its course or human intervention through genetic engineering has moved us beyond the current impasse, the latter an admittedly hazardous option. This totalizing narrative shifts attention away from structural change as a possible means to reduce the violence in human relations. Instead, we are reduced to spectators awaiting a sea change in human affairs triggered by the anticipated progressive consequences of biological evolution.

Despite the complexity, subtlety and breadth of his vision, Keith's perspective shares a feature in common with other discourses. Each endeavours to articulate a coherent narrative and each is destined to remain partial, positioned and partisan. Anthropology, for example, has been subjected to intense criticism for its tendency to fashion a monologue with its objects of inquiry, a perspective which has until relatively recently assured the discipline a certain prestige and authority in its representation of the cultural other. It is evident that the same sort of critical scrutiny is required wherever claims to truth are made, be they those of common sense or benevolent objectivity. This forum can expect no closure as the investigation is endless. The single expectation is that it attempts to be inclusive in its scrutiny, exempting no narrative from its examination.

In the case of both cultural myth and professional discourse, an initial hurdle is simply the recognition that a critique is required. In each instance, the aura of truth which envelopes the idiom acts as a protective cocoon, deflecting attempts to skewer the contents with a penetrating gaze. Instead, common sense familiarity renders the ideological component non-existent. One consequence of this dynamic can be seen in the influence of mental health professionals on cultural norms. The net effect of their discourse forges a cultural logic whereby socially related problems are transformed into mental health problems innate in the individual. The Facilitating Program challenges this tendency to some extent, yet its unintended consequences are consistent with the interests of the status quo. It was with my introduction to Dorothy and Raphael Becvar's *Family Therapy: A*

Systemic Integration (Becvar and Becvar, 1988) that I was able to understand this dynamic more clearly. However, it would be some time before my own complicity in this process would be revealed to me.

The Perils of Reflexivity

The Becvar's manual represents the linchpin connecting the assessment phase of the care plan process with the community follow-up. This text is not only the central reference used by the community support workers, but also the document which melds the various components of the program into a conceptual whole, an integrated system. Therefore, it should come as no surprise that Bart was introduced to this book by Keith Johnson who recommended its inclusion in the training of community support workers. Bart explains the role played by *Family Therapy* in the training sessions:

Becvar and Becvar was the first thing I wanted people to read because it took a cognitive approach and offered a restructuring of the way things could be viewed. The cognitive approach is probably the least threatening to people. It gave them a very thorough examination of how we participate in life. It provided the language – the metaphors, the words – that we could use. It provided a common metaphor. It probably confronted the value based – [i.e.] positive and negative – understanding that most people in the helping professions come with. It took almost a scientific approach to the view that when you finally understand that you don't know it, you now do. Which is really what [Zen Buddhist philosopher] Alan Watts was saying: letting go of the assumption that you understand it all, that you've got the truth or that your perspective is some measurable indication of true reality. I think that is the first second order change experience that people have.

In fact, [the book] explains that in a very incremental and logical manner. It almost seems a contradiction in terms, but it is done that way. I think that it's a safe way for people to open their minds to the process of new ideas or new perceptions or of being comfortable with a lack of understanding, of not having it sorted out. It also makes a good, sound philosophical and theoretical framework for understanding the way systems operate and that life is a system. We're all part of a greater system which is the point that the Facilitating Program is acknowledging. [Community support] workers have to be very sensitive to that fact because they have to function not as an observer of a black box but as part of a system. They have to participate in as benign a way as possible. If you participate with an understanding of the rules of the systems, the way they operate, then you can be benign because you're not trying to make a square peg fit in a round hole. That basic discipline, that understanding was important. [Becvar and Becvar] was really the foundation for the other experiences.

The Becvars acknowledge that the logical positivist-empirical tradition continues to set the standard for scientific investigation in popular consciousness (Becvar and Becvar, 1988:292). This position of dominance is considered to be due, in large part, to the perceived success of its efforts to transcend the uncertainties and relativity of the human predicament by "defining a specific protocol to make our subjectivity objective" (Becvar and Becvar, 1988:299). According to these authors, systems theory and the new physics challenge the assumptions of logical positivist-empirical science as they are played out in conventional psychology. The observer's perceptions are now judged to be decisive to the constitution of what is perceived:

This position seems to reflect the essence of Einstein's statement that the theory decides what we can observe. In other words, what we can see and what is "out there" is decided by the paradigm we have in our heads. Thus, what is in our heads becomes real "out there" and takes on characteristics of the paradigm and apparatus we used in our observation. We are looking in a mirror and what we see is our own reflection looking at us looking in a mirror (Becvar and Becvar, 1988:296).⁵

While the Becvars call on professionals to be cognizant of the formative influences on their point of view in order to free themselves from unconscious constraints (Becvar and Becvar, 1988:xvii), they skirt discussion of the systemic inequalities that permeate the social realm, constraining attitudes and actions alike.⁶ Instead, they present a somewhat generalized account of the interdependence of the observer and the observed. In this conception, a dialectical process of mutuality dictates that patterns of behaviour are reciprocally determined rather than due to the actions and attitudes of one party or the other. They recognize that an historical account of existing patterns may lead to a better understanding of the current context. However, they argue that their primary concern is not one of locating the cause of ineffective communication and conduct in order to attribute blame. Instead, they seek alternate ways of conceptualizing troublesome patterns so that innovative communication and behaviour can be introduced (Becvar and Becvar, 1988:69). This process is referred to as second order change, modification of the rules of a system resulting in the transformation of the system itself (Becvar and Becvar, 1988:86). Neither does their systems theory approach prejudge which order of relationships should command our attention. The Becvars observe that as the family tends to be a focal point for living and for meaning creating, therapists commonly have directed their attention to this social

complex. However, they claim it is equally appropriate to intervene at the individual, couple, extended family, neighbourhood or societal levels (Becvar and Becvar, 1988:13).

What remains problematic in the Becvar's formulation is the interrelationship of knowledge and power. They touch upon this issue with a discussion of the nature of the prevailing culture which values certainty and which finds reassurance in the correlational research methods and quantitative findings favoured by the logical positivist-empirical approach. While affirming this tradition as a credible way of knowing, the authors question its claims to objectivity. In particular, they take exception to the "disciplinary politics" (Becvar and Becvar, 1988:301) through which the frame of reference of fledgling students is systematically constricted to correspond with the dominant conventions. In this manner, the search for solutions to broadly sketched problems intended to address the interests of humankind are supplanted by more modest exercises which effectively re-assert the interests of the profession or discipline (Becvar and Becvar, 1988:301-302)

By contrast, the cybernetics of cybernetics proposed by the Becvars is not complacent with accepted truths. It calls for continual reformulation of so-called problems. This requires that the existing frame is constantly questioned in the name of addressing issues through different conceptual lenses. It is at this point that they introduce their conception of aesthetic which they propose would offset the current practice of mental health professionals -- family therapists, specifically -- intervening with a confidence that may not be warranted. It would also call into question the clamouring for truth which has seen the social sciences "become 'secular religions' to which people turn for the certainty previous generations sought in 'traditional religions'" (Becvar and Becvar, 1988:294). This initiative seeks to surpass the disciplinary boundaries currently in place by challenging conceptions through consultation with existing authorities and clients alike. Aesthetic therapy replaces the imposition of the expert's agenda with a collaborative enterprise. It represents a reciprocal partnership in which the parties work together to formulate a higher order solution (Becvar and Becvar, 1988:303).

Here the Becvars hint at the possibilities -- and the risks. They mention that family therapists impose values which frequently coincide with those of the prevailing culture. In fact, "[w]hat is experienced by our society as normal or abnormal and the relative range of each is suggested by the theories we professionals invent for consumption by the members of the society"(Becvar and Becvar, 1988:322).⁷ Pragmatism may demand conciliation with the dominant point of view and the prevailing structures in order to provide the questing

professional with the security of an economic livelihood and credibility with her peers (Becvar and Becvar, 1988:319). Nevertheless, the Becvars indicate that higher order solutions, by definition, take us beyond what is the norm at any particular moment. They advocate close collaboration with clients, yet they sidestep the possibility that the self interest of the professional may part company from those of the person he or she is endeavouring to assist. The therapist may benefit from prevailing formations, processes and institutions which perpetuate imbalances of power and privilege. In fact, the status of expert is a consequence of successful training within the state's ideological apparatus of education, a disciplining formation which grants the credentials enabling professionals to take up a particular position in relation to their clients. The Becvars refrain from calling attention to this relationship, an historical arrangement whose familiarity contributes to the invisibility of its constraining effects on collaborative efforts to reframe perceived problems and difficulties.

The Becvars' conciliatory attitude towards logical-positivist-empiricism coupled with their commitment to a systems approach mirror the outlook taken by the Facilitating Program. On the one hand, the assessment period of the care plan process is dominated by a focus on the individual despite efforts to contextualize made in the course of the social history. The net effect of the various tools of assessment is to underscore personal characteristics and attributes couched within a frame in which possible insults to attachment serve as causal origins of current conduct. On the other hand, the care plan and the community support phase look at present dynamics in order to identify patterns of communication that are ineffective. This is regarded as a mutually constitutive configuration with no intent to level blame. Yet its formulation occurs within a circumscribed context which ignores broader power relationships including those embodied by the various professionals as employees of the state. Consistent with the Becvar's example, the Facilitating Program appears to encourage reflexivity only to the point where it begins to jeopardize the existing relationship between the mental health worker and her client. Culturally sanctioned as agents of truth and compassion, mental health workers typically spend little time second guessing the legitimacy of their mission as state employed professionals. This oversight ensures that the cultural presumptions and political configurations which sustain their careers and their economic livelihood remain relatively immune to critical scrutiny.

The Becvar's book provided me with the distance necessary to become aware of the relative lack of reflexivity demonstrated by the Facilitating Program staff. Its perspective dovetailed with my own radical historicist outlook, compelling me to situate the concepts and

procedures of the Facilitating Program within an historical context. In particular, the program's conception of community caught my attention. The family is considered to be the nexus with teachers, social workers, child care workers typically playing supportive satellite roles in a constellation that the program manager characterizes as a form of extended family. Yet broader social dynamics remain conspicuously absent or minimized in this portrayal. Oppressive structural relations are given short shrift in the understanding of factors contributing to possible traumatic encounters in the child's past which may inform present behaviours as well as in the appreciation of current conflicts which may precipitate the problem behaviours. Instead, the care team typically speaks of an individual's psychological upset within a particular family rather than pointing to wider social contradictions, an approach which serves a depoliticizing function (Gusfield, 1989:433; Morgan, 1980; Waitzkin, 1991). Ultimately, the Program considers the resources necessary for caring relationships within the home community to exist at present. Some creativity and initiative on the part of local care givers may be needed to gain access to these resources, but no structural transformation is deemed necessary.

Intentionally or otherwise, the program guarantees itself a steady supply of clients without fear of the source drying up. Significantly, the Facilitating Program's definition of community is so circumscribed that the social contradictions which may be decisive to the appearance of the problematic behaviours remain undetected and undisturbed. Where local communities perceive themselves to be ill-equipped to implement the care plan, the Facilitating Program calls for increased intervention by the community support workers to expedite the discovery of innovative ways to apply existing resources. However, the examination of systemic violence – underlying social structural contradictions – remains beyond the purview of this approach, effectively guaranteeing the maintenance of the status quo.

Inadvertently or not, this intervention serves to legitimize the activities of the state. The Facilitating Program, in particular, and the state, in general, are effectively absolved of further responsibility if difficulties persist. What is promised is further intensive scrutiny of the lives of individuals and continued monitoring of the supportive measures provided by the immediate community. However, an evaluation of the program's suitability or the need for preventative measures such as structural transformation are overlooked. Instead, the state may be seen to have fulfilled its mandate with responsibility for ongoing care now reverting to a local level.

Initially, the team defines itself as part of this community for the purposes of identifying the socially related nature of the problematic behaviour and of outlining supportive actions which could be taken. If the difficulties persist, however, the program reframes its relationship within the community. This is indicated by its observation that "the extent to which this approach is expected to lead to behavioural change depends on both the nature and severity of attachment disruption in the youth and the flexibility and adaptability of the ecology in responding to his or her needs" (Crossroads, 1992b:7). With this statement, the impact of the staff members interventions – as professionals, as employees of this state agency, as individuals. – is bracketed and their accountability is sidestepped. They cast themselves as facilitators whose allegedly neutral actions are beyond reproach and above criticism. In this way, they privilege their position as professionals, detaching themselves from the very social body of which they initially claimed to be a part. As a consequence, their location within existing relations of power is obscured and their position of relative privilege remains undisturbed. In addition, the broader social mechanism by which they are mandated to carry out their specialized practice remains opaque. The state thus persists as that nebulous entity that we take for granted, a common sense given universally necessary for the preservation of social order.

CHAPTER THIRTEEN – CONCLUDING COMMENTS

The program's narrow definition of community and its self-exclusion from evaluation was brought home to me as I struggled to determine my own role in the fieldwork site. As a former youth worker in a residential treatment centre, I could identify with some of the expectations and limitations that faced the workers in this program. As a psychiatric nurse trained in social constructionism rather than the medical model, I had some awareness of how the gaze of each professional discipline takes place through distinct lenses. My initial objective had been to document how possible perceptual distortions on the part of the professionals may do violence to the actual circumstances of the teenagers. I wanted to understand and represent the teenagers' point of view, acting as an advocate for them.

City of Vancouver's Children and Youth advocate Penny Parry explains how she got the clearest instructions on how to act as an advocate from the Youth in Care Network, an organization made up of teenagers in institutional or foster care. On her first day on the job, she met with the Network and immediately was asked what it was exactly that an advocate did. A little taken aback, she asked them what *they* thought she should be doing. First, they told her that as the children's advocate, she should *not* presume to know what is in their best interest. Instead, she should help them to understand whatever situation they are in: why they've been turfed out of class or into foster care or how come no one seems to listen to them. And she should help them to understand in a way that doesn't make them feel bad or stupid for asking for assistance. Second, they told her that once they understand the situation, she should help them express what they need to say, not say it for them. And, finally, if they've invested time and energy to get informed and taken the risk of expressing themselves, her job is to make sure that they don't waste time with officials who won't listen or who can't do anything for them. Penny has used these three points as the model for all her advocacy work for youths and families ever since (Wilson, 1994:10)

This approach has a number of supporters within anthropology. It is consistent with the principles outlined in a recent practical guide to applied anthropology which argues that people "have the *right* to be actively involved in the management of their destinies, and consequently to avoid becoming the victims of others' good intentions" (Chambers, 1985:23; original italics, quoted in Singer, 1994:340-341). The role of the anthropologist is to help them "bring about their own visions, in their own ways, and [at] their own speeds" (Egan-

McKenna, 1990:13, quoted in Singer, 1994:341). In short, it is to provide critical support in their pursuit of self-determination (Escobar, 1993:17).

As I had not been given permission to conduct formal interviews with the teenagers who agreed to be part of my study, I decided to examine the reports and activities of the program staff to see the extent to which their discourse and practice served to further the self-determination of the youths in their care. I assumed that this limited form of advocacy would dovetail with my role as anthropologist. However, it occurred to me during the early stages of my fieldwork that these two roles might not make for a comfortable fit. As I had not ruled out working in applied medical anthropology, I began to wonder what possible repercussions my advocacy approach might have on future job prospects.

The team's stated policy of being responsible and accountable to the community pointed the way out of this impasse. But where they defined community in circumscribed terms and distanced themselves from the evaluation process, I decided to participate as a member of community *writ large* – as part of humankind. I would try to use my specialised knowledge to further the interests of the greater community and not, primarily, to advance my professional career. All very clear. All very simple. All very noble. Well, this decision may have set my mind at ease for awhile, but I soon discovered that it carried with it many liabilities.

My circumstances were complicated by the fact that I had been schooled in the therapeutic discourse and practices that I now was trying to document. The concepts and notions that were commonplace among the staff were the same ones that provided the glue that held my own interpretations together. They had become *too* familiar to me. How then to become conscious of my own consciousness? Ultimately, I concluded that I should be looking at the processes and structures which allowed me to carry out my fieldwork and the staff to carry out their therapeutic interventions. The answers to my questions were not going to come from imposing an "us/them" distinction. They would emerge from an examination of the social conditions of knowledge production that we shared in common.

As academics or activists, those of us who pursue a livelihood within the fields of education, criminal justice, health or social services are implicated in the very structures which we often find reason to criticise. We derive financial benefits and professional status from the ideological apparatuses of the state, mechanisms which have shown themselves to be instruments of both care and social control. Typically, we have

sought to shore up and to extend those forces which appear to be the most progressive. Yet our defining frames seldom, if ever, come into question. Arturo Escobar notes:

[t]hey are, indeed, those parts most invisible to us, because they give us the right to speak and the right to know ourselves and others. These practices cannot be dispelled arbitrarily, but they have to be historicized, as part of dominant modern modes of knowing; at the same time, anthropology has failed to construct a politics that problematizes this dependence and the relationship between knowledge that makes it possible and the social positioning from which it operates and which it tends to reinforce (Escobar, 1992:418-419).

To help me grasp this relationship, I first turned to the structural positioning of the treatment program and the university as components of the ideological apparatus of the state under capitalism. The existence of the various disciplines gathered under the umbrella of the treatment program is an outcome of this arrangement. The multi-disciplinary composition of the team mirrors divisions of academic expertise evident on university campuses. Here a conception of the person is first formulated, dis-assembled then re-assembled on the basis of disciplinary frameworks forged in the crucible of European Enlightenment and further moulded by the shifting demands of the state.

We need to give heed to our position within this arrangement. The structures and language that fuel accepted notions of social problems tend to be driven by state funded and sanctioned processes of social ordering. As Escobar (1993) remarks, it is experts – within the university and outside – that provide the currency used by the dominant classes and the state to define specific groups of people as clients with particular needs. It is experts – and experts, of course, know best – that render individuals administered objects whose needs are “unproblematic’ (since they are defined by expert knowledge)” (Escobar, 1993:386).

Narratives compiled by the mental health professions regularly depict individuals hobbled by social contradictions to be undergoing emotional or psychological difficulties innate to their person or exclusive to their particular history within their immediate social field. As the social context is alternately sloughed off or tightly constrained, any possibility to situate the interpretation within a political frame is hindered. Predicaments evocative of broader social problems are reconfigured as personal difficulties. Problems of a political nature become individualized with the path of intervention charted in medical or psychological terms. Issues of concern to broadly based groups in civil society are re-cast

as matters of individual distress. In short, the status quo negotiates the application of its authorized social psychology to yet another potential political flashpoint.

In the case of the Facilitating Program, a tutelary blueprint – the care plan – is drawn up by state professionals at the highest level with responsibility for its implementation decentralized to local authorities. Consistent with medical practice (Waitzkin, 1991:4-5), in general, and psychotherapy (Lichtman, 1982:268), in particular, the chosen course of treatment focuses on adjustments of attitude and conduct individuals can make in their immediate situation rather than on the restructuring of the larger society. A closely monitored and tightly circumscribed local community is mobilized to put this plan into effect. Responsibility for the care plan's implementation is thereby returned to local authorities, professional and individual. Through this intervention, the state is seen to have fulfilled its mandate of individual care and social control. As a consequence, conditions for the continued accumulation of capital are secured and the legitimacy of both the state and the status quo are ensured.

By definition, tutelage is neither positive nor negative; instead, it must be evaluated in context. The Facilitating Program operates within the social space traditionally filled by care giving adults entrusted to aid youths' transition to responsible adult status. The state's present occupation of this social space has been authorized and legitimized by social norms at least partially of its own making. State guardianship of supposed conduct disorder youths has come to be viewed as a necessary and desirable fact of life. Through the education, counselling and monitoring of the conduct of both the youths and their adult care givers, the state's agencies establish a relationship of benign persuasion which, in turn, frames care givers' relations with the youths in their care. The outcome is the shaping and moulding of behaviour in the midst of a caring, supportive association. It is within the dynamics of these relationships with significant adults that the youths fashion a sense of self and other. It is here that the fundamental aspects of identity and identification are forged. It is here that significant events – including those evocative of distress – are identified and interpreted. And it is here that the notion of the person as an individual and the conception of the relationship of that individual to the broader social realm takes on distinct attributes of individuation.

These encounters are formative of the individual's cultural logics, styles of reasoning tending to be so much a part of the unreflected processes of how the individual interprets reality as to be presumed to be reality itself. This provides the template upon which the

person articulates the meaning of subsequent social relations. This process helps to explain how oppressive social relations may come to be characterised as emotional or psychological problems inherent to the individual, thereby depoliticising a cultural logic transmitted from one generation to the next.

As an apprentice anthropologist, I am part of an academic discipline which has tended to be slow to see its complicity in the state's construction of problems, clients and needs. More than ten years ago, Sherry Ortner (1984) stressed the growing significance of the concept of practice within anthropology. This shift in attention from rules, norms, structures and systems to human action in everyday life was judged to be critical to an understanding of how social systems are sustained and transformed. However, the balance of the 1980's was marked by a preoccupation with the literary and dialogic practices that inform representation and textuality to the neglect of what Marilyn Strathern (1989) has termed "the ethnography of Western Knowledge practices" (Escobar, 1992:418) which contain and constrain the outlook of the ethnographers themselves.

Anthropologists working in the health field have proven to be no exception to this oversight. As Merrill Singer points out:

[l]acking a reflexive orientation, medical anthropology has tended to follow the path of least resistance....shaped by the dictates of 'social usefulness' as that is conventionally defined by the dominant ideology of Western society. Despite lip service paid to social criticism, the critical edge of medical anthropology has long been blunted in the service of gaining social acceptability and access to the health arena from powerful players in the biomedical health system (Singer, 1990:295).

What is required is that we examine the conditions in which we generate "facts," determine the interests that this information serves, and adopt a more critical attitude towards our role in the production of conventional knowledge (Escobar, 1993; Scheper-Hughes, 1992). From the early Greeks to Gramsci, a consistent call has been to "know thyself" and this is part of our task. Michel Foucault (1991) helps sharpen our perception of this question by indicating how the fields of belief and action are structured by power through a form of governmentality. "Culture itself, it can be argued, is the result of discourses and practices of governmentality (concerning health, the body, planning, the population, etc.)"(Escobar, 1992:411). As researchers, this demands that we must undertake an itinerary of how we have come to be constituted on the basis of certain practices and

discourses. This self-critique can be understood as a form of “historical ontology of ourselves” (Escobar, 1992:411).

The university is an important site in an inventory of our knowledge practices. Academic disciplines do just that – *discipline*, setting distinct constraints on what is produced and how (Escobar, 1992:418-419). The net result of these normalizing effects has prompted a number of people¹ to comment on the difficulties of maintaining a critical stance within this setting. Cornel West (1993) argues that cultural critics located in universities and colleges find themselves in a double bind. On the one hand, they align themselves with those who campaign for the fundamental transformation of social structures, including institutions of learning. On the other, they are economically dependent on these same structures. West believes it is only with simultaneous involvement in social movements independent of these structures that critical voices can keep from being co-opted. This parallels lessons drawn from Jurgen Habermas’ analysis in which he promotes the fortunes of what he calls civil society, that social space whose cultural logics stand in opposition to those of capital and the state (Escobar, 1992; Everton, 1996).

For the staff members of the Facilitating Program, solidarity with these sentiments does not necessitate abandoning employment as mental health professionals. However, it does demand a constant sorting through of the various issues encountered in the course of their work to determine the solutions which best serve the interests of those who are most oppressed and exploited. Despite the benevolence of their intentions, their structural location poses ongoing questions of complicity which many not always prove possible to resolve without putting their own professional careers at risk.

The same dilemmas confront cultural critics employed within an academic setting. bell hooks speaks from this vantage point, urging the devising of alternate ways of knowing and writing to sustain political commitment. Specifically, she calls for a re-definition of interactions between so-called experts and the people who have been their traditional informants. She claims that unless these encounters are based on mutually reciprocal engagement and critique, the inevitable outcome will be all too familiar relationships of oppression. “When this happens, cultural studies reinscribes patterns of colonial domination, where the ‘Other’ is always made the object, appropriated, interpreted, taken over by those in power, by those who dominate” (hooks, 1990:125). In this arrangement, the academic “expert” adopts the role of “privileged interpreter-cultural overseer” (hooks, 1990:9, quoted in Escobar, 1992:418).

Dell Hymes (1991) suggests a different tactic yet one which complements hooks' proposal. He calls for a decentralized ethnography with many practitioners and many fieldwork sites. He envisions ethnography not to be the exclusive domain of professionals, university and college trained and based. Instead, it should be the practice of people of diverse experience and differing skills in locales with which they are familiar, i.e. in *their* workplaces, *their* neighbourhoods, *their* associations. He contends that institutionally based ethnography is but one resource among many to be employed in this joint enterprise. Merrill Singer (1993;1994) continues in a similar vein, urging the participation of anthropologists in what he terms a community-centred praxis, "a collaboration with the other in the struggle for self-determination" (Singer, 1993:15). By this he means long term engagement with local development initiatives, campaigns and projects which define common needs and problems and seek their resolution through collective actions. Ethnographers and mental health professionals alike share the challenge of widening the space for democratic decision making, an essential requisite for the transformation of structural inequalities (Greenberg, 1981). Raymond Williams considers this involvement to be critical to the education of ordinary people in the skills and responsibilities of government (Williams, 1979). In the instance of so-called conduct disordered youths, collaboration with Youth in Care Network and the community members seeking to define the plight of their children in other than medical or criminal terms would appear to be promising places to start.

Collaboration means to work together, yet it is possible to collaborate in a monologue in which the discourse is initiated and dominated by views of one party. A critical collaboration requires a dialogue in which all participants take part, the cultural logics of each individual – what Paulo Freire terms "generative themes" or "meaningful thematics" (Freire, 1970/1990:86) – being informed and transformed in the process.² This "problem-posing" (Freire, 1970/1990:66) exchange is such that the theoretical knowledge of the professional and the "empirical knowledge" (Freire, 1970/1990:129) of the client and the immediate community become entwined. As members of a partnership of "co-investigators" (Freire, 1970/1990:97), professionals join their nonprofessional counterparts "to know with them the reality that challenges them" (Freire, 1970/1990:102). In dialectical terms, it involves the movement to a new synthesis not the informed acquiescence of one person to the initial thesis of the other. Only within a mutually constitutive critical dialogue can one hope to arrive at second order change and a new point of departure referred to by the Becvars.

Yet this is an exercise fraught with risks for power imbalances are still in play. For the professional, it raises the possibility that the client may reject her analysis on the basis of her own lived experience (Freire, 1992/1994:26-27), thereby undermining the professional's credibility as an expert. For the client, it means providing the professional with insights into her point of view which may be used, inadvertently or otherwise, to advance the hegemonic interests of the dominant order, perpetuating conditions of inequality which may have contributed to the present experience of distress.³

Critical practice conducted in the midst of state sanctioned programs finds itself on especially contradictory terrain. However, no social movement can be said to be free standing, immune to the influence of state policy. Community initiatives face constant threats not the least of which is the strengthening of hegemonic designs which can occur when reformist activities are mistaken for transformative ones (Singer, 1995:88-90). The former involves system correcting measures which pull up short of altering the basic social structure; the latter endeavours to bring about decisive changes in the alignment of power. Singer shares Howard Waitzkin's concern that collective movements originating as agents of social change are often co-opted:

...the history of reform in capitalist countries has shown that reforms most often follow social protest, make incremental improvements that do not change overall patterns of oppression, and face cutbacks when protest recedes (Waitzkin, 1981:359, quoted in Singer, 1995:88).

Assimilation by the state's ideological apparatus is one way in which transformative impulses are undermined. This frequently takes the form of a shift away from community education, democratic decision making and social activism:

... involvement with the state and the receipt of regular funding contribute to the formalization and bureaucratization of community organizations. The initial goals of many community groups are displaced by concerns with organizational maintenance and by the career interests of their workers. Once established, "inertial forces" within the groups can impede their ability to respond to changes in their environments, and they can be prone to internal fragmentation. The ability of indigenous workers to bring about social change can be limited by the organizations in which they work, and they can experience pressure to become more professional and earn academic credentials (Cain, 1993:666, quoted in Singer, 1995:88).

The incorporation of autonomous social movements into the realm of state control is paralleled by the further incursion of state initiatives into civil society. One manifestation

takes the form of a type of quasi-professionalization in which a client or patient is included as an equal partner in a joint project. Relations of mutuality and respect provide the conditions in which the lay person is encouraged to take an independent point of view while simultaneously being educated in the professional mind set (Ingleby, 1985:102).

These perils hamper efforts to formulate effective collaborative models. Yet the necessity to transform the potentially destructive dichotomy between roles of expert and cultural other remains. Johannes Fabian and Edward Said have addressed this issue in the context of the current crisis of anthropology, but I would argue that their remarks have a much wider currency. The campaign to transform oppressive relations between expert and concerned citizen (and what citizen is *not* concerned) is on the agenda across the social sciences and the humanities as well as in the health professions. Anthropology simply finds itself to be the most vulnerable to criticism due to its traditional project. This perilous position – ironically and perhaps not surprisingly – makes anthropologists uniquely qualified to draw lessons from past complicity in relations of domination and to contribute to the emerging movement to transform the political basis of knowledge production.

Both Fabian and Said (1989) call for anthropology to abandon the analysis of the other in an us-them dichotomy and for the frame to be reconceived. They argue that the political processes which constitute the other are identical to those which create the self. Fabian believes that:

[w]e will always be liable to be seen (correctly) as old colonizers in a new guise as long as we understand critical, emancipatory anthropology as doing *our* critique to help *them* – by they the Third World, the working classes, the disinherited, women....Who are we to 'help' them? We need critique (exposure of imperialist lies, of the workings of capitalism, of the misguided ideas of scientism, and all the rest) to *help ourselves*. The catch is, of course, that 'ourselves' ought to be them as well as us (Fabian, 1991:24; original italics).

Ultimately, the material conditions capable of sustaining such a view will only be realized with the transformation of oppressive social relations which mediate our interactions with each other and which obscure our common plight and interests (Fabian, 1990;1991). A critical anthropology – and an equally critical mental health profession – which directs a probing gaze with equanimity towards the self as well as the other and which seeks to overcome the relations of domination in which it is implicated is well worth the struggle to realize. Clearly, the objective of such a broadly based project is not the traditional one of

positivist social science from Comte to the present day which seeks to predict and control human behaviour. Instead, it strives to eliminate oppressive social dimensions, both those which unfold before us in social practices and those which are inscribed within us as habituated attitudes. It is in this way that we can move towards helping ourselves and towards the moment when we truly can say (with apologies to Pogo) that we have discovered the 'other' ... and *them's us*.

It seems to me that this is the challenge that faces all cultural critics, whether mental health professionals, social scientists or concerned citizens. We must strive to document the world and ourselves in it in such a way that the circumstances in which we find ourselves become enabling conditions for the transformation of the world and of ourselves. Certainly, forces capable of bringing about these changes are greater than any one of us. Yet each of us has the responsibility to sort through the privileges, to be mindful of the perils and to have the courage of our convictions to articulate and to support forces of progress. Those are the rights and obligations exacted by the practice of cultural critique. And, I might add, they are no different than those imposed by the burden of being human.

NOTES

CHAPTER ONE: CROSSROADS

1. For my purposes, identity is defined as the self's "central organising principle" (Paranjpe, 1975:36). Community refers to a symbolic construction encompassing norms and values through which a sense of identity within a bounded social grouping is provided to its members (Hamilton, 1985:9). A person's understanding and experience of community is judged to reside in his or her relationship to the symbol not to meaning inherent in that symbol (Cohen, 1985; Comaroff and Comaroff, 1991; Bentley, 1987; McDonald, 1987). On the one hand, this means that it is possible for a sense of commonality to exist while one's individuality remains preserved. On the other, it opens the door to potential conflict regarding whose definition of community will be the one conventionally accepted (Comaroff and Comaroff, 1991:4; Butchart and Seedat, 1990).

2. The term middle class is understood here to refer not to a separate class but to a relatively privileged sector of the working class comprised of certain unionised manual labourers as well as clusters of nonmanual labourers, both unionised and non-unionised (Ehrenreich, 1989:10-12; Ortner, 1991:169). The working class may be considered to include "all those dependent on a salary or wage for their livelihoods and has a changing structure largely determined by the changing needs of capital and its level of development" (Teeple, 1995:27). The working class in contemporary capitalist society is highly differentiated in terms of income and status. These "internal cleavages, almost too numerous to mention, [have not changed] the essential position of the working class vis-a-vis capital, but they [are] real and remain objective and experienced and therefore significant factors in dividing the working class within itself" (Teeple, 1995:29).

3. The postmodernist period (Jameson, 1991:x) also has been characterized as late-modernity (Giddens, 1990; Hall, 1992c:277), high modernity (Giddens, 1991:4), and late capitalism (Mandel, 1975; Jameson, 1991:xx). Definitions of postmodernism alone are many and elusive (Featherstone, 1988:207; Ross, 1988:x). Perhaps it is easiest to agree upon what postmodernism is not: modernity. In sociological terms, modernity can be understood as the historical period in which European society experienced a confluence of events which would transform how people lived and thought. Industrialization and the growth of the urban population brought about an upheaval in social and economic differentiation and a substantial shedding of the constraints of the feudal social order including the discarding of the blinders of religious dogma. A multi-dimensional project (Hamilton, 1992:23), Enlightenment thought is commonly associated with its dominant tendency: a radical intellectual tradition devoted to the tenets of a foundational system of knowledge based on universal rationality. Conventionally known as positivism, this perspective bases itself on the premise that any object of knowledge – another person or a group of people, for instance – can be understood independent of our relationship with that researched object (Bologh, 1979:5). Characteristic features of this perspective include an allegiance to the experimental model of social research in which the relationship between quantitative variables is assessed with reference to universal laws. Emphasis is placed upon the ability to generalize from the research findings with the use of statistical probability currently finding particular favour. Procedures of observation seek to achieve neutrality by employing allegedly value free terminology and standardized practices. This is intended to eliminate – or, at least, drastically minimize – the possible effects of the researcher on the data, thereby aiding verification of the findings by replicating the research (Hammersley and Atkinson, 1983:3-5; Fay, 1975:20-21). The mutual interaction between positivist social science and conventional beliefs has been far-reaching, the boundary between the two modes of thought appearing at times to be virtually undetectable (Aronowitz, 1988:524). Dichotomous thinking tends to be the order of the day with distinctions commonly being made between science and common sense (Marsh, 1988:xii), mind and body, self and other, individual and society. It is precisely the legacy of the Enlightenment – modernist thought's stated or implicit claims to objectivity – which has come under virulent attack. What has emerged is an ironic scepticism towards all authoritative claims concerning reality, truth, power, knowledge, language, the self. The target of postmodernism's campaign of suspicion is the belief that science with its value-free methods constitutes the correct use of reason whereby it is possible to represent objective reality through the allegedly neutral means of language (Flax, 1990: 41-42). Ludwig Wittgenstein, by contrasts, argues that language favours certain aspects of the objects, enabling the form and content of rational discourse to be manipulated to serve the interests of those in positions of power (Hare-Mustin and Marecek, 1988:455). Feminism has launched an equally devastating attack on the gender biased concept of the transcendent self, blithely referred to as the guardian of reason. Where once the notion of the self was seen to house unchanging universals, current opinion is more likely to emphasize its embeddedness in historically specific social relations with all the partiality and vested interest that implies (Flax, 1990: 43). Edward Said skewers the mutually constitutive relationship between European cultural practices and the economic and political enterprise of imperialism by citing Frantz Fanon's caustic observation that "[f]or

the native, objectivity is always directed against him [sic]" (Fanon, 1963:77; Said, 1993:162). This portrayal accentuates the intimate connections between knowledge and power (Foucault, 1980:131; Hall, 1992d:295). Indeed, it is now a virtual commonplace to assert that the dominant discourse has the means to assert its claims to truth – or neutrality – by which the experiences of certain groups are denied or suppressed (Flax, 1990:48-49). While positivist social theory is most readily associated with Enlightenment beliefs currently under siege, interpretive social theory or hermeneutics and critical interpretive social theory (Fay, 1975) also may be identified as forms of modernist thought. These three approaches are alternately known as empirical-analytical, historical hermeneutic and critical emancipatory social sciences, respectively (Sullivan, 1984:28). The critical interpretive stance adopted by this thesis agrees with the aforementioned criticisms raised by so-called postmodernist thought. It disagrees, however, with the apparent rejection of – or, at best, ambivalence toward – the use of knowledge for social betterment (McLennan, 1992:330).

4. Anthropology is one of the many disciplines reeling in the wake of the postmodernist assault on claims of reason. Anthropology's present susceptibility to criticism lies not with an allegiance to empiricism – the scientific documentation of causal relationships – nor with rationalism – the use of deductive logic. At issue is the way in which anthropologists endeavour to establish claims to authority in the course of depicting the reality of the "cultural other" (Clifford, 1986; Rosaldo, 1989/1993; Fox, 1991b). The centre of the quandary is the concept of culture itself, traditionally the filter through which anthropology constructs its relationship with its research subjects. Various defined as ways of life or meaning creating practices (Bocock, 1992:234), the notion of culture employed by anthropologists to conceptualize differences *between* groups of people is too often silent regarding differences *within* groups (Coombe, 1991:190-191). Moreover, the convergence of social differentiations such as class, race, ethnicity, gender, sexual orientation, age and the like means the individual is "[m]ore a busy intersection through which multiple identities crisscross than a unified coherent self" (Rosaldo, 1989/1993:194). With the loss of its traditional object of knowledge, the homogeneous cultural Other, anthropology faces the realization that its very *raison d'être* is in doubt. This crisis of confidence can be used to good advantage, the lessons drawn from anthropology's dis-illusionment being transformed into a general project of demystification of the modernist constructs inherent in the perspectives of other social sciences. As we will see, the role of imposing order played by anthropology globally is duplicated domestically by academic counterparts from political science to sociology, psychology to economics disciplines whose practices play an integral part in the production of social facts (Rabinow, 1986:260). Fixed conceptions of self and other need dismantling, situating both within the constitutive processes of power that characterize daily life. Anthropologists must seek to grasp these patterns of social constraint, domination, resistance and transformation that traverse societies both here and away. And anthropologists must arrive at a better understanding of the part they play in these interactions, for the danger of (re)imposing oppressive relationships remains all too real. As James Clifford – ethnographer of the ethnographers – reminds us, cultures don't sit still for their portraits. Doing ethnography always involves simplifying and excluding, choosing a specific time frame, and imposing or negotiating a self-other arrangement (Clifford, 1986:10). Thus, the political nature of the anthropologist's involvement continues to be problematic. The onus is on the anthropologist to explore and to develop representational forms and forums supportive of "the right of formerly un- or misrepresented human groups to speak for and represent themselves in domains defined, politically and intellectually, as normally excluding them" (Said, 1986:215). Minorities traditionally identified according to class, race, ethnicity, gender, sexual orientation and caste should be included in this number but so too should "children, the physically and developmentally handicapped, the incarcerated" (Coombe, 1991:194).

CHAPTER TWO: THE LENS OF PERCEPTION

1. Brian Fay (1975; 1987) and Stuart Hall (1992) use the terms critical interpretive science and social science, respectively to describe this approach. Both analysts can be understood to consider the practice of social science to consist of being "committed to providing systematic, rigorous, coherent, comprehensive, conceptually clear, well-evidenced accounts, which makes their underlying theoretical structure and value assumptions clear to readers, and thus accessible to argument and criticism" (Hall, 1992:12). Such objectives are not at odds with the ones I attempt to realise in this thesis. However, I am mindful that the conventional understanding of the notion of science has implications of neutrality, objectivity (Aronowitz, 1988) and uni-vocal rationality, distinct ideological features which run counter to my purposes. For these reasons, I elect to term my outlook a critical interpretive perspective.

2. With this insight, Marx anticipates what modern anthropology has only lately come to acknowledge (Kessler, 1987:44). For example, Clifford Geertz observes that humans are simultaneously cultural producers and its product, a realization he considers to herald a novel rethinking of culture patterns less as constraints on human nature and more as processes through which it is actualized (Geertz, 1977:26-31). Sherry Ortner's update emphasizes exploring those forces which promote prevailing cultural patterns and the manner by which

alternate possibilities are suppressed or denied (Ortner, 1984:152-153). As we shall see, the sum total of these contemporary views brings us full circle back to Marx.

3. Dialectics is derived from Hegelian philosophy, an idealist formulation documenting the process in which *Spirit* creates the social and natural world and comes to recognize its own nature by reflecting on the product of its labours. For Hegel, the notion of labour refers only to abstract, mental labour with alienation referring to a transitory moment when individuals, an expression of *Spirit*, fail to recognize their fundamental unity with the external world, *Spirit* in objectified form (Plamenatz, 1963). Marx criticizes Hegel's idealist conception of *Spirit* which renders humans to be dependent upon an abstract notion which is, in fact, of their own creation. In addition, he dismisses Hegel's focus on contemplation, expanding the concept of labour to include all practical activity. Yet Marx would find much of value in Hegel's treatment of dialectics, the most decisive aspect being Hegel's grasp of human self-development as a process in which people create themselves as a result of their labour (Marx, 1927/1964:202).

4. This issue is complicated by the fact that the discussion of the relationship of human consciousness to existing social conditions is given relatively limited attention in Marx's writings. Marx's contribution to the understanding of capitalist culture, in particular, appears to be limited primarily to his examination of alienation in *Economic and Philosophical Manuscripts* and to the section in *Capital* devoted to commodity fetishism (Kessler, 1987:45).

5. Marx's accomplishment is compromised almost from the outset by a form of rationalism which credits the existence of supposedly objective laws for guiding society's progressive, unilinear movement (Williams, 1977:18-19). For example, Marx's stated objective with the appearance of *Capital* is one of providing a scientific account of modern capitalism much as Darwin had developed a theory of biological evolution (Bottomore, 1963:xv; Marx, 1887/1967: 372 fnite). This position has had profound repercussions on the study of the role of consciousness and ideology, in particular, and culture, in general. By the early years of this century, Marxism had become synonymous with Soviet orthodoxy which downplayed the capacity of individuals to intervene to affect history, privileging instead the momentum generated from the presence of contradictions fundamental to capitalist economic relations. This minimized the significance of consciousness and ideology by relegating them to an epiphenomenal status in relation to the so-called economic "base." In the reductionist thinking of Soviet economism, culture was considered to be a mere reflection of the relationship of specific classes to the means of production. Scratch the surface of a cultural process or cultural product and the economic underpinnings would be revealed. The founding premise for this depiction of culture was that the interpretation and interests of the dominant class would dominate cultural life in general. This mechanistic interpretation drew support from Engels' use of "false consciousness," in which working class awareness was counterpoised to the free standing reality of capitalism's oppressive social relations with ideology providing the mystifying filter. This instrumental interpretation stripped culture of its capacity to shape social relations and to resist political domination (Grossberg and Nelson, 1988:3).

6. Lukacs maintains that an examination of these partial totalities can disclose helpful insights into the tendencies implicit in either the social system as a whole or in one particular class within that system. He points to the propensity of dramatists to use family conflicts as subject matter for tragedies, thus enabling them to vividly expose social currents which might otherwise pass unnoticed. Lukacs remarks that "an Aeschylus or a Shakespeare draw pictures of family life that provide us with such penetrating and authentic portraits of the social upheavals of their age that it is only now, with the aid of historical materialism, that it has become at all possible for theory to do justice to these artistic insights" (Lukacs, 1971:176).

7. Historical necessity takes on a new meaning in Lukacs' account, one which rejects a causal inevitability implied in a mechanistic materialism (West, 1991:149). Working people are shown to have a conscious choice of whether to take an active part in the transformation of existing conditions, the interplay of class consciousness and concrete conditions ultimately being decisive factors to the realization of their objectives (Lukacs, 1971:197-198). The choice that faces the working class is judged to be an ethical one for it involves selecting one body of norms over another (West, 1991: 152). This choice is not considered to involve lofty ideals as such. Instead, the motivation is due to the perception of specific needs and interests which are grounded in the existing circumstances (Lukacs, 1971:177-178). On the surface, Lukacs would appear to be a radical historicist as norms are not addressed in an abstract or universal manner. He argues that ethical decisions must be approached from the point of view of actual people who find themselves involved in a specific economic system with particular social relations, legal apparatus and a distinct way of life. As a Marxist with intentions to change the world, Lukacs judges effective normative discourse to require a linkage with a social theory capable of offering an account of the ongoing process of historical reality (West, 1991:153-154).

8. It is an historical materialist premise that knowledge is a human product, created by specific people in the course of creating themselves and their social world within the constraints of particular material conditions. To claim knowledge of timeless laws is to violate the grounded nature of human understanding, seeking to base allegedly universally applicable assertions on what are, in fact, historically contingent foundations. By contrast, a radical historicist view would attempt to build agreement around a theoretical account which documents the perceived nature of – and means of surpassing – the discrepancies between existing normative rhetoric and reality. Implicit in such a stance is the acknowledgement of the inherent circularity of interpretive accounts, whereby the essential nature of reality may be proposed but can never be proven. It is at this point that Lukacs moves beyond a radical historicist approach. Rather than simply arguing for an agreement with a Marxist conception of dialectics in order to build a working consensus necessary to change society, Lukacs founds his claims on the assertion that reality actually unfolds according to these dialectical principles (West, 1991:166).

9. "If the philosophy of praxis [Marxism] affirms theoretically that every 'truth' believed to be eternal and absolute has had practical origins and has represented a 'provisional' value..., it is still very difficult to make people grasp 'practically' that such an interpretation is valid also for [Marxism] itself, without in so doing shaking the convictions that are necessary for action....As a result even [Marxism] tends to become an ideology in the worst sense of the word, that is to say a dogmatic system of eternal and absolute truths" (Gramsci, 1971:406-407).

10. Louis Althusser would add the family to this list and categorise this grouping as "ideological state apparatuses" (Althusser, 1970/1971). However, greater clarity is achieved by making a distinction between those institutions of political society directly controlled through state policy – the education and legal systems, for example – and civil society with its structures of religion, the family and the media.

11. The realm of ideology with its presumption of a consciously articulated belief system is but part of the puzzle. As Gramsci's notion of hegemony suggests, our identity is shaped by social forces that go beyond conscious values and ideas. Equally important are the practices and lived sensations that commonly elude comprehension. For example, emotions are cultural constructions through which people learn to respond to certain situations in specific ways (Lutz, 1988:9). Assumptions borne of hegemony and neglected due to their perceived ordinary, routine nature form part of this complex as do elements that have been actively suppressed or repressed. Deferential and exploitive attitudes, acquisitiveness and individualism, chauvinism and altruism, competitiveness and consumer mindedness – all are practices or ways of living that may be experienced by individuals as other than consciously held beliefs (Gottlieb, 1992:51).

12. Sartre's notions of project and praxis resemble ideas contained in Marx's conception of human labour perhaps best illustrated in a section of *Capital* where Marx differentiates between human and non-human production. "A spider conducts operations which resemble those of a weaver, and a bee puts to shame many an architect in the construction of her cells. But what distinguishes the worst architect from the best of bees is this: that the architect raises his [sic] structure in his imagination before he erects it in reality. At the end of every labour process we get a result that already existed in the imagination of the labourer at its commencement. He not only effects a change of form in the material on which he works, but also realizes a purpose of his own" (Marx, 1887/1967:178).

13. Husserl's perspective draws more upon Kant than Marx, postulating as it does the primacy of a transcendental self, albeit one conditioned through its interactions with its immediate surroundings. Here the notion that human nature is culturally embedded, context dependent and changeable over time takes a back seat to timeless inherent organizing capacities of the human brain which are only secondarily influenced by social circumstances. However, alternate currents of existential phenomenology associated with Martin Heidegger and Maurice Merleau-Ponty arrive at positions more compatible with a radical historicist reading of Marxist materialism. Merleau-Ponty, for instance, stresses that the individual's experience is organised by the lived body rather than the transcendental ego and, as such, would not submit readily to the analytic logic and formal rules proposed by Husserl. Heidegger underlines the significance of context in the formation of the individual, asserting that social formations and practices – culturally meaningful though they may be – comprise a complex backdrop which does not lend itself to a comprehensive understanding (Dreyfus and Rabinow, 1982:xx-xxi; Marsh, 1988:88). The views of Merleau-Ponty and of Heidegger qualify the nature of the dialectical interaction between self and other documented in Sartre's treatment of alienation. Their commentaries caution us to set limits on our expectations for arriving at definitive explanations of human behaviour. They challenge the notion of human reason as a relatively uniform universal by emphasising the context dependent nature of knowledge production. It is a lesson Sartre (1963/1968) is reluctant to learn as he asserts that the rigorous application of this methodology will permit the total comprehension of others.

14. The "look" provides the paradigm for Sartre's initial conception of relations with others (Marsh, 1988:144-146). This conception evokes the prior existence of a transcendental self, a self comprised of innate characteristics independent of social encounters. In addition, Sartre's pre-Marxist depiction of all intersubjective encounters as inevitably negative is an overgeneralization. Here Sartre's notion of freedom presumes total independence of other people. Mutuality is an impossibility for the subjectivity of individuals is considered to be in conflict, each vying for domination so that they are not objectified – hence, alienated – by the other. He later rejects this individualistic view (Sartre, 1952/1963: 590; Flynn, 1984:177) and with a conception of freedom which includes the possibility of the choice of a receptivity to the world and to others, mutuality once more becomes a possibility.

15. Hegel is especially sensitive to the detrimental aspects of this tendency to objectify human beings. He judges the attribution of fixed qualities to be harmful to the ongoing creation of self. A series of words or deeds may be construed by others to be an adequate representation of the individual. The person, in turn, may come to view these momentary externalisations as being self-definitive absolutes. Hegel terms such objectifying consciousness to be abstract thinking. To illustrate this phenomenon, he cites the attitude of many people upon being confronted with a person convicted of murder: "[t]his is abstract thinking: to see nothing in the murderer except the abstract fact that he [sic] is a murderer, and to annul all other human essence in him with this simple quality" (Shroyer, 1971:88). But how can such abstract thinking be avoided? Certainly a case could be made for it being a universal feature of the human species, restricted neither to a particular historical period nor to a specific group of people. Peter Berger and Stanley Pullberg, for example, maintain that the tendency to define oneself and others in terms of fixed characteristics is inherent in the human condition (Berger and Pullberg, 1966:74). Trenton Shroyer (Shroyer, 1971:88-90) agrees that this propensity to objectify is a real possibility for all individuals, yet he argues that an adequate comprehension of each externalisation is sufficient to prevent abstract thinking. In other words, distortive conclusions can be avoided if both the actor and the observer are able to reconstruct the nature of the project behind the act. Thus, the dialectical process of human self-creation must be acknowledged by both parties. Any breakdown in self-reflection or mutual recognition will promote abstract thinking.

16. James Marsh (1988:109-127) provides an account of abstract thinking and its relationship to alienation compatible with Sartre's Marxist account. As an embodied self living in specific social and historical conditions and possessing particular attributes, the individual is positioned and has limitations. Yet the person has the capacity for practice, to move beyond existing circumstances by undertaking possible projects. Alienation here entails an attitude of inauthenticity or infidelity not to an essential or transcendental self but to the state of freedom – limited though it may be – embodied by the self. One form of alienation involves ceasing to question and refraining to undertake new projects, existing as though the self was a fixed entity or thing. Another ignores the particular limitations of existing circumstances by engaging in projects which overreach the capacities of the self and the situation. By contrast, thematization is an objectification of the self which potentially adds to our self-understanding. It allows us to reflect on the outcome of our actions and to accommodate another person's perceptions of ourselves thereby contributing to our self knowledge. Insofar as this reflection recognizes the self to be conscious, intentional and capable of self-creation within historical limitations, it is not an act of alienation. In a similar sense, objectification of another person in the form of thematization does not necessarily entail alienation. For example, scientific knowledge used to objectify the body in the course of medical treatment need not entail alienation if the totality of the encounter respects the individual as a conscious, self-determining agent. However, alienation does occur if this objectification reduces the person to an object with fixed characteristics and/or if degradation or humiliation is the intent.

17. This must not be misunderstood to be psychological determinism any more than the precipitating incident which catalyzed the formation of the reified complex should be judged as causal or determinant. Neither the event nor the memory *cause* the person to act in a particular manner. Instead, they set limits and exert pressure, thereby constraining the person to respond in a particular way (Williams, 1977:87). This distinction is an important one if we are to understand the notion of individual initiative and responsibility in the midst of structuring structures which impose limits on practice. Gayatri Spivak states that determination is a critique of causality which has been transformed, with great harm, into the notion of determinism. According to Spivak, Hegel's original critique of causality takes the point of view that determination consists of the *possibility* of inaugurating or initiating discourse. This is very different from determinism, which involves the establishing of definitive causes (Spivak, 1990: 54-55).

18. Elements of this analysis are evident in narrative therapy (Giddens, 1991:76), a form of contemporary psychotherapy which encourages the reconceptualization of purportedly decisive formative incidents and childhood relationships (Rainwater, 1989; White and Epston, 1990; Gilligan and Price, 1993; Sanders, 1993; Nicholson, 1995).

19. Sartre's collaboration with Jean Genet provides one of the most famous accounts of the possible long term consequences of these constraining encounters (Sartre, 1952/1963). An orphan, Jean Genet was raised in a rural community which placed a high value on the ownership of property. According to Sartre, the boy began to steal in a half-comprehending attempt to compensate for his constant obligation to be grateful for all that he received as a ward of the state. His acts of thievery, little more than unreflected diversions, were transformed into objective violations when Genet was accosted and declared to be a thief. Genet believes that this decisive event occurred when he was ten years old. Playing alone in the kitchen, he was about to take a knife from a drawer when he realized that he was being watched. Under the gaze of another person, Genet in effect came to his senses for the first time: "[t]he thief was a monstrous principle which had been residing unperceived within him and which was now disclosed as his Truth, his eternal essence" (Cooper, 1964c:72). What was but a momentary alienation of his unreflective subjectivity became a lasting reification of consciousness. The local authorities, responsive to the virtually sanctified status of private property, identify Genet to be a criminal and banish him to a reformatory. Sartre proposes that Genet's subsequent activities as a self-professed thief are in response to these values.

20. Sartre's reconstructions of the perceived formative experiences of artists such as Tintoretto, Baudelaire, Genet and Flaubert seek to demonstrate the decisive influence of disruptive events. Sartre's study of Gustave Flaubert (1971/1981), for instance, begins with the child who feels deprived of affection due to the attention conferred upon his brother, a brilliant medical student. Sartre believes that Flaubert strives to be different from his successful brother by initially electing to be inferior to him, the young Gustave thereby rejecting his representation by the dominant culture while being in complicity with it. Flaubert reacts by first becoming a mediocre student and then by entering law school, a profession which he realises his physician father regards with disdain. When faced with the prospect of gaining some degree of respectability as an attorney, Flaubert responds with attacks of "hysteria", once again seeking to hold success at bay. Sartre's three volume study traces Flaubert's movement through repeated breakdowns to his eventual profession as a committed writer. Sartre indicates how each crucial phase in Flaubert's life appears to be only a repetition of his initial childhood identity crisis. The accompanying sense of shame can be understood to be due to "anxiety about the adequacy of the narrative by means of which the individual sustains a coherent biography" (Giddens, 1991:65). These episodes of acting out may also be viewed as expressions of a learned idiom of distress (Kleinman, 1980; Kenny, 1986), a response of relatively fixed content precipitated when a person encounters situations which threaten the integrity of the self-narrative.

21. Sartre focuses on what occurs within the sphere of relations where primary emotional and physical needs of the infant and child are at play. However, Paul Willis' study of working class youths (Willis, 1977/1981), on the other hand, provides an illustration of how significant constraining circumstances are neither confined to family relationships nor to these early years. Willis' investigation is part of an upsurge of interest in working class culture galvanized by the founding of Birmingham's Centre for Contemporary Cultural Studies in the mid 1960's, an institution whose legacy continues to this day in cultural studies (Nelson et al., 1992:9) and beyond. Age (Hebdige, 1979), gender (McRobbie, 1981), race (Hall, 1980c) and sexual orientation (Weeks, 1990; 1992) represent additional critical sites in the perpetuation of positions of dominance and subordination. The challenge of tracing the simultaneous impact and the interconnections of these differentiations in multiple factor analyses continues to preoccupy theorists across such disciplines as women's studies (Flax, 1990; Fraser and Nicholson, 1990), cultural studies (Hall, 1992c; West, 1991: xxiii), ethnic studies (Stasiulis, 1990), sociology (Rutherford, 1990; Weeks, 1990, 1992) and anthropology (Gaines, 1990; Ortner, 1991).

22. The consideration of elements such as gender, sexual orientation, class, race, ethnicity and age (Sullivan, 1984:76) are highlighted by my study but this list is by no means intended to be exhaustive. These merely comprise some of the more significant distinctions within contemporary capitalist culture. Depending on the circumstances, this conceivably could be expanded to include religion, urban and rural contradictions, correspondence to cultural definitions of physical beauty to name but a few.

23. The focus shifts from explanations based on the meaning derived from the experience of individuals and groups of individuals within a cultural totality to privilege the structural realm as the causative agent affecting individual behaviour. Structuralism argues that experience is simply an effect, the consequence of cultural meaning systems and categories that predate the individual and that cause the person to arrive at predefined cultural interpretations. With this bold stroke, the individual is no longer perceived as a significant cultural agent. Instead, each person is defined by the language and the subject positions made available by the social structure (Hall, 1980:66; 1992c:286). In structuralism's view, individuals tend to be reduced to an instrumental status, the function of broader ideological forces. Implicit in such a view is a functionalist passivity or acquiescence in the face of dominant power structures.

24. Following the lead of turn of the century linguist Ferdinand de Saussure, language tends to be viewed as a structured entity, a self-contained unitary system subject to its own laws rather than an historically specific social practice capable of being altered by human agency. See Poster, 1975: 307-311; Williams, 1977:27-44; Bourdieu, 1980/1990:31-32; Callinicos, 1989:73-75; Hall, 1992c:288 for critiques of Saussure's influence from Claude Levi-Strauss' structuralism through to Jacques Derrida's poststructuralism. Some poststructuralists abandon the normative realm altogether by dismissing criteria for the evaluation of the exercise of power as being foundational (Aronowitz, 1981/1990). Others reduce power to a local consideration, as in Michel Foucault's early conception of micro-politics, thereby limiting normative considerations from being situated within a larger social totality. Many appear intent on rebuffing efforts to outline collective objectives or to envision a shared human destiny. They choose to ignore the fact that while these elements are essential requisites for a commitment to human emancipation, they need not demand an allegiance to either foundationalist science or Enlightenment inspired progress (Slack and Whitt, 1992: 582-584). In Fredric Jameson's estimation, poststructuralist campaigns against notions of totality and totalization represent theoretical assaults on the human potential for individual reflection, innovation and resistance. Jameson notes that the concepts of totality and totalization imply contingent interpretations rather than foundational knowledge. He considers totalization – "a Sartrean coinage"[referring to a] "partial summing up " (Jameson, 1991:332) – "as an equivalent for 'praxis' itself" (Jameson, 1991:323). Significantly, "praxis or totalization always aims at securing the fragile control or survival of an even more fragile subject within a world otherwise utterly independent and subject to no one's whims or desires" (Jameson, 1991:333).

25. In the case of dominant Euro-North American traditions, this impulse to find meaning has sought inclusiveness. It has given rise to systems of thought which Jacques Derrida has termed logocentric, subscribing to the belief "that there is some underlying, perfect, unified truth that contrasts with the imperfect, plural, world of experience" (Trawick, 1992:261). What Derrida considers to be the compulsion to produce truth takes the form of totalizing narratives, interpretations which attempt to be all encompassing.

26. Once "a psychology becomes socially established (that is, becomes generally recognized as an adequate interpretation of objective reality), it tends to realize itself forcefully in the phenomena it purports to explain" (Berger and Luckmann, 1967:178).

27. The early Greeks, for example, established geometry as one such truth-producing mechanism. The 17th century favoured the scientific method while the current century has witnessed the rise of statistics as an authoritative discourse (Rabinow, 1986:237). Power plays a vital role in determining what discourse comes to be favoured and, consequently, what facts will be deemed to provide an accurate depiction of reality (Danziger, 1990:180; Hall, 1992d:295).

28. With this formulation, Foucault sheds light on the social conventions which profoundly shape our conceptions of self. Much of his discussion complements Sartre's innovative treatment of alienation. For example, Foucault fills in many of the details alluded to in Sartre's observation that "[t]he individual interiorizes his [sic] social determinations: he interiorizes the relations of production, the family of his childhood, the historical past, the contemporary institutions, and he then re-exteriorizes these in acts and options which necessarily refer us back to them" (Sartre, 1974:350). Foucault dismisses any notion of a subject who creates meaning on the basis of cognitive capacities which are universally bestowed and which exist independent of specific socio-historical conditions. In a position reminiscent of both Marx and Merleau-Ponty, Foucault emphasizes the constitution of knowledge through the lived experience of the body, the actual practice of individuals within particular cultural contexts.

29. This valuable commentary notwithstanding, poststructuralists such as Foucault appear to fall prey to the very phenomena they are attempting to document. Intent on capturing the nature of contemporary consciousness, poststructuralism itself provides vivid testimony to the effects of commodity fetishism (Jameson, 1991:315-317). Seemingly autonomous forces are depicted as being capable of shaping human affairs as wave upon wave of constraining discourses buffet the individual, pushing the sense of self and other in constantly shifting directions. Lost from view is human agency's ability to examine, reflect, and resist social determinants, past, present and anticipated (Aronowitz, 1981/1990; Callinicos, 1987:23; Giddens, 1987:98; Harp, 1991:210). The wholesale commodification of culture also dictates that our meaning-creating practices have their use-value eclipsed by an emphasis on exchange-value. Increasingly disconnected from the transformative capacity of culture as knowledge producing, we become seduced by the transitory gratification promised with its consumption as a commodity. This serves to diminish our consciousness of our constructive powers, self creativity and species being (Jameson, 1991:315-317). In Jameson's depiction, postmodernism as a mind set preoccupied with pastiche, ahistorical images and a rejection of all meta-narratives (Rabinow, 1986:247-250) is both a cause and a consequence of this distinctive mode of postmodernist sensibility.

30. In Foucault's view, the feudal era was primarily characterised by struggles against social, religious or ethnic domination. Opposition to economic exploitation held sway in the nineteenth century, while resistance to subjection currently occupies centre stage, although the other two continue to be significant (Foucault, 1982/1983b:212-213).

31. Gramsci's conception of hegemony incorporates a recognition of state intervention in areas previously held to be outside the political realm, a targeting which has only increased with the rise of the welfare state. "A central paradox ... of the Welfare State is the way in which it developed as a system of massive State intervention, a web of bureaucratic control with strands clinging to every niche and corner of society and of private life, out of a society in which the dominant ideology was of individualism" (Wilson, 1977:28).

32. "[P]eople are affected by what we call them and, more importantly, by the available classifications within which they can describe their own actions and make their own constrained choices. People act and decide under descriptions, and as new possibilities for description emerge, so do new kinds of action" (Hacking, 1985:256-257).

33. The socially constructed category of childhood offered a convenient site for the manufacture of standards of normality. By the early 1800s, the causes of allegedly deviant behaviour among children were located in the social environment. Urbanization, industrialization and the dismantling of the traditional social order weighed in as contributing factors with parental neglect regarded as the primary reason for delinquency. The asylum with its ordered existence was considered the most promising antidote to this social breakdown. Acting as a substitute parent, the asylum offered a clear structure and a cohesive community legitimated by the principle of *parens patrie*. By the 1890's, problematic children were re-conceptualized as juvenile delinquents who needed to be rescued from themselves rather than from their parents. Chicago's juvenile court was the undisputed model for similar initiatives in other countries and reformatories became the treatment of choice (Hacking, 1991; Matters, 1986).

34. Foucault's definition of "conduct" is instructive: "to 'conduct' is at the same time to 'lead' others (according to mechanisms of coercion which are, to varying degrees, strict) and a way of behaving within a more or less open field of possibilities. The exercise of power consists in guiding the possibility of conduct and putting in order the possible outcome" (Foucault, 1982/1983b:220-221).

35. Medical sociology has long paid heed to the unequal distribution of power in society and to the manner in which medicine can function as a mechanism of social control. In addition, it has demonstrated how medicine under capitalism mirrors the values of the society as a whole, including those related to gender, race, class and age, etc. However, it is only latterly that both sociologists and anthropologists have made the actual content of medical knowledge a subject of analysis (Lock, 1988:5-6). Once mistakenly thought to be off limits to examination due to its scientific nature, Western medicine, or biomedicine, is now recognized to be a cultural construct, fair game for criticism.

36. See Bibeau, 1988; Farmer, 1988:76; Pappas, 1990:203; Singer, 1989:1196; 1990:287; 1990b:182; 1992:2; Singer, Baer, and Lazarus, 1990:v-vi; Waitkin, 1976:317; 1990:530.

CHAPTER THREE: TOOLS, TOOLKIT, PRACTICE

1. Roslyn Bologh (1979:1) observes that Marx's methodology came to be termed dialectical materialism to emphasize its anti-idealist character. She suggests dialectical phenomenology, stressing its anti-positivist stance, is more suited to the current situation in the social sciences.

2. My application of this methodology includes a rejection of the positivist conception of the unified self as a stable reference point of individual agency. Identity is less a discrete, autonomous, fixed entity than an ongoing ensemble of social relations in which a central organizing principle interprets the dynamic constituents (Moore, 1994). Neither are these identity attributes constituted independent of each other. One's sense of gender or class is intertwined with specific experiences related to ethnicity, sexual orientation, age, etc. (Moore, 1988:11; Abu-Lughod, 1991:140). This view is equally opposed to the poststructuralist conception of the fundamentally decentred, fragmented self, a legacy of Althusser's emphasis on the primacy of contingent social structures which allegedly call specific social identities into existence (Hall, 1992c: 286). The individual has the ability to integrate experientially based interpretations in a manner which provides some semblance of continuous personhood over time (Giddens, 1991:54). In addition, the person has the means to reflect upon past practice and upon historical constructions of self, thereby providing the basis to negotiate and, ultimately, to resist the subject positions which the current repertoire of social structures call into play (Probyn, 1980:182; Ingleby,

1985:94). It is this capacity for self-reflexivity which offers a means for "[e]nlightenment[.]... man's [sic] release from his self-incurred tutelage. Tutelage is man's inability to make use of his understanding without direction from another" (Kant, 1959:85-86; Fay, 1987:66). Kant is but one figure in a long tradition of religious and secular thinkers who believe people willingly collude in their own oppression by uncritically complying with the dominant social rules and customs of the day. While the positivism associated with Kant may differ from the critical interpretive approach, his characterization of enlightenment as the questioning of existing circumstances in order to rid ourselves of oppressive arrangements is a goal shared by both perspectives (Fay, 1987:67).

3. The inevitable limitations of self-knowledge stem from the fact that "no one can ever be fully aware of the conditions of their own construction" (Moore, 1994:53). In addition, "[m]emory never slams a door – it's always persistently ajar, open enough to admit the ghosts of experience, which slip through and reinterpret the indefinite past" (Dyck, 1994:10).

4. "Autobiography can...be a condition of (rather than an impediment to) ethnographic objectivity in the sense that it allows the writing subject's actual history and involvement to be considered critically" (Fabian, 1991b:382). The danger, of course, is that ethnographers can become preoccupied with documenting the intricacies of their own way of seeing to the detriment of representing the cultural other (Rosaldo, 1989/1993:7). The self-indulgence of certain postmodernist experiments in textual representation has not gone unnoticed in this regard (Geertz, 1988:78; Polier and Roseberry, 1989).

5. "The demographic profiles of youths who were included in the current study (n=89) were also examined to determine whether or not this sample was representative of typical cases admitted to the program. A comparison between the profiles of the two groups revealed that they were very similar with the exception that youths included in the current study were more likely to reside with their natural parents (45%) than was typical for all youths admitted to the program. In addition, youths included in the current study were also more likely to be in the care of their guardian (47%) than was typical for all youths admitted to the program. These differences most likely reflect the greater stability of the living arrangements of respondents whom we were successful in contacting for the program evaluation" (Crossroads, 1993:426-427)

6. I was unable to observe the mental status exam which involves a brief psychiatric assessment to confirm that the difficulties of the newly admitted youths are behavioural rather than psychiatric in nature. It was not uncommon for this interview to involve a treatment complex psychiatrist other than one assigned to the Crossroads' Program. During the period of my fieldwork, it was routine for this procedure to occur during the initial period of the admission. I could not be in attendance due to the examination's impromptu scheduling which typically conflicted with the social history interview with family members.

7. This speaks to the timelessness and coherence of essentialist formulations which ignore the discontinuities, contradictions and inconsistencies that mark the daily experience of actual individuals. It also provides one more strategy to objectify the research subject, thereby promoting a detached distance which safeguards the professional from possible challenges to authority which might be forthcoming from the cultural other.

8. The selection of the psychiatrist and the former community support supervisor for individual profiles was due to their central role as architects of the Facilitating Program.

CHAPTER FOUR: HISTORICAL CONTEXT

1. Transcripts of interviews have been edited minimally for clarity and coherence.

2. Wherever possible, I have endeavoured to use transcriptions of interviews with the staff of the Facilitating Program and materials produced by the staff of the treatment complex as a whole. The latter include position papers, minutes of meetings, annual reports, journal articles and other public documents including graduate theses in sociology (Mate, 1972), social work (Campbell, 1990) and criminology (Verlaan, 1991). In addition, a graduate thesis by an external researcher in sociology (Mainprize, 1988) was consulted for material pertaining to the period between 1972 and 1988.

3. "[S]tatements reinforcing the delinquents' conception of irresponsibility are an integral part of the ideology of child welfare shared by social work, psychoanalysis and criminology. This ideology presents a causal theory of delinquency which, when it attributes fault, directs it to parent, community, society or even to victims of crime" (Matza, 1964:95).

4. Anthony Platt's *The Child Savers: The Invention of Delinquency* (Platt, 1969) is especially insightful in depicting the class differences which exist between those designated to be deviant and their self-appointed saviours. Marlene Webber (1991:189) and Don Handelman (1978:26) note that working class individuals tend to be more exposed to state surveillance, thus partially accounting for their disproportionate numbers in corrective facilities. Elliot Leyton (1986:193) confirms the largely underemployed background of youths in detention, attributing their problematic behaviour to their marginalised treatment in families which themselves have been excluded from mainstream social life.

5. Richard Gelles (1970; 1975) and David Gil (1970; 1979) were perhaps the most conspicuous dissenters to this psychopathological conception of child abuse. They cite the neglect of the social context of child abuse, asserting that the near exclusive focus on the care giver does violence to the multi-dimensional nature of the situation. Gelles draws attention to figures which indicate the apparently disproportionate number of offenders who are from the working class or who are women. He attributes these findings to the presence of stressors such as unemployment and unwanted pregnancies. Noted as well is the possible differential application of the label of abuser which suggests the need to examine the process by which these individuals came to be identified. Gil, on the other hand, broadens the definition of child abuse to include poverty, malnutrition, inadequate education and medical services and he targets institutionally based physical abuse. His proposals take a preventative turn. He agitates for the abolition of corporal punishment in institutions, increased family planning, education in family responsibilities, comprehensive neighbourhood medical and social services and concerted efforts to eliminate poverty (Conrad and Schneider, 1980).

6. By the early 1970's, legislation in the United States was passed which set the terms of child abuse in a more comprehensive frame but one which was susceptible to a spectrum of interpretations. "Child abuse and neglect means the physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of eighteen by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby....(Gelles, 1975:365) "[C]hild abuse is not a naturalistic category – nothing is 'naturally' child abuse" (Parton, 1985:p. 148). Child abuse "is not an absolute entity but, rather, is socially defined and cannot be divorced from the social contexts in which it occurs. We further posited that mistreatment is not a unitary phenomenon but encompasses a broad range of acts, acts that can be distinguished from one another both conceptually and operationally" (Giovannoni and Becerra, 1979: 239). "There is no objective behaviour we can automatically recognize as child abuse" Gelles, 1975:364).

End Notes – Chapter Five

1. "[T]reatment and care can be provided in community programs and facilities for all but the most seriously mentally ill... Underlying this move to community-based treatment is the firm belief that the mentally ill should be united as much as possible with their family, friends, and local community environments in order to reinforce the whole normalization effort underlying mental health rehabilitation" (Ministry of Health, 1987:7)

2. The term children is used to mean all children and youths "from birth to 18 years inclusive, divided in the following groupings: pre-school - 0 to 4 years; elementary - 5 to 12 years; youth - 13 - 18 years. ["At risk" refers to] "children who are exposed to environments associated with higher rates of mental health problems; for example, poverty, dysfunctional family situations, or poor physical health" (CYARSC, 1991:2).

3. "Defining 'community' is a challenge. In this case we are referring to the whole population of a given geographic area. By parents, we mean parents and guardians of children who are in the system of care. Consumers include these parents and their children. Methods of how to choose community and parent representatives need to be developed. This could involve public elections or appointments from community boards. The involvement of staff and non-government organizations may be important, but they should not be seen as filling the role of community representatives" (CYARSC, 1991:57).

4. A. POVERTY

Family Income:

Without a solution to poverty, there can be no fundamental resolution of a range of related issues (Chudnovsky, 1990).

Based on the best data currently available for Canada, it appears that the health problems of poor children begin before birth and continue to place these children at greater risk of

death, disability and other health problems throughout infancy, childhood and adolescence (Canada: Supply and Services, 1990:11)

Poverty is recognized as the single most significant indicator of health status. The poor die younger, have more accidents, more suicides, and a higher incidence of mental health problems (Avar, 1989). Offord found that, "The prevalence rate of psychiatric disorders in children on social assistance is 31.2%" (Offord, 1986:20). This is almost 40% higher than the average urban prevalence rate of 19.6%. The Canadian Council on Social Development states that 20.2% of children in [the province] live in poverty (Ross, 1989)....

Subsidized housing:

Poverty affects a family's ability to obtain housing. When families turn to large subsidized housing developments for housing, they find that this community has a concentration of problems. Offord found that, in Ontario, "Almost one-third of the children in subsidized housing (30.4%) have a psychiatric disorder, which is over twice the rate in non-subsidized housing (14.2%)" (Offord, 1990:12)....

Single-parent families:

The risks for young children in single-parent families are largely associated with poverty. The association of a single parent "with psychiatric disorder is explained in large part by the effects of low income and family dysfunction" (Offord, 1990:iii). Young children in single-parent families are particularly at risk of developing conduct disorder and hyperactivity (Offord, 1990).

Almost 4 times as many single-parent families, as compared to two-parent families, are on income assistance (Ministry of Social Services and Housing, 1990:5). 82.9% of single-parent families in the [urban] area are headed by females (Planning Department, 1988:52). These families tend to be poor because of the separation of the family, the low earning power of women, and the difficulties of accessing child care. It should be stressed that this issue predominately affects females and is rooted in the lack of equal opportunities for jobs and income level that women face in today's society. Attention to female poverty issues will go a long way toward alleviating the poverty of children. The solution to children's poverty "must first address the need for adequate family incomes." In addition, services are needed that

include 'recreational, health, educational, and family support programs that are accessible, affordable, and non-stigmatizing' (Chudnovsky, 1990)" (CYARSC, 1991:16-17).

Concerning community involvement, the report noted that first nations children:

are faced with disproportionate levels of poverty, alcohol abuse, and health problems. Native people have a shorter life expectancy than the average Canadian. The suicide rate for native youth is seven times higher than the total rate for Canada. A disproportionate number of native children are in care. In working toward solutions to the issues facing native families, we need to examine native control of and participation in service delivery, training of native professionals, and planning around access to services and gaps in the system (CYARSC, 1991:59).

5. Yet it stresses that its advocacy of community involvement and community development is not:

an excuse for government to escape its responsibility to provide resources or services on the grounds that "the community can do it". The government must meet its statutory obligations to deliver services, while accepting the community's entitlement to shape those services (Community Panel, 1992: 24).

6. Certain psychodynamically-oriented tendencies within psychiatry have gained ground on occasion, particularly during the D.S.M.-I (1952) and D.S.M.-II (1968) eras when psychological, psychosocial and psychoanalytical interpretations made their presence felt on the classificatory system (Gaines, 1992:7-9; Ingleby, 1985:89). This reflected a range of influences including but not restricted to a neo-Freudian

psychoanalytic interpretive dimension (Fromm, 1955; 1962; Erikson, 1950; 1968), on the one hand, to a more wholly phenomenologically based object relations approach (Laing, 1959/1965; 1961/1971; Laing and Esterson, 1964), on the other. Latterly, biological etiology has become entrenched as the defining determinant of the D.S.M.'s structure (Young, 1991:176; Gaines, 1992:9) from the appearance of the D.S.M. III in 1980 through to the publication of the D.S.M.-IV in 1994. Whether drawing on this perspective or one which attempts to take the interpersonal context into account, the focus in psychiatry tends to be relatively desocialized, the individual-in-the-family tending to be the broadest category or unit of analysis. Critical socially contextualized accounts do exist (Coles, 1967; Kovel, 1980; 1988; 1988b) but these are considered to be of marginal importance to the field.

7. The introduction of Medicare in Canada in 1966 with its guarantee of payment for services rendered made office and clinic-based outpatient psychiatric services economically viable. This was accompanied by an insurgency among non-medical mental health occupations to overthrow the dominance of the medical profession in the prevailing division of labour. Saskatchewan has been a particular hot bed for this development. The period between 1970 and 1985 revealed a drop of 29% in the number of psychiatrists in the mental health branch while psychologists and social workers enjoyed a 72% increase, outnumbering their medical counterparts almost 3 to 1. The scenario was similar in the United States where psychiatrists currently constitute less than 20% of mental health professionals. Sheer numbers don't do justice to the extent of this challenge, however. The mid 1970's brought the installation of a clinical psychologist as the replacement for the medical superintendent of a regional mental hospital. This event galvanized psychiatrists and non medical practitioners alike to stake out their positions. The former adamantly stated that a physician must lead the clinical team as mental *illness* was a medical issue. The psychologists and social workers were willing to concede that while this might be the case in terms of inpatients, where community outpatients were concerned, mental *health* was the focus and daily psychosocial problems of living fall within the nonmedical mental health professionals' realm of expertise (Dickinson and Andre, 1988:304-305).

8. According to physician and medical anthropologist Michael Taussig, "[t]he manifestations of disease are like symbols, and the diagnostician sees them and interprets them with an eye trained by the social determinants of perception. Yet this is denied by an ideology or epistemology which regards its creations as really living 'out-there' – solid, substantial things-in-themselves" (Taussig, 1980:5).

9. Paul McGrane argues that psychiatry's use of science has imposed a monologue regarding reason and madness similar in manner to anthropology's use of positivist science which has silenced the voices of 'alien cultures'" (McGrane, 1989:127).

10. Despite his insights, Joel Kovel tends to characterize social relational factors as being decisive in the etiology of *all* mental illness, thereby neglecting certain psychopathology which may be due to biological factors. This commits an error similar to that perpetrated by those who advocate biological explanations to the exclusion of alternate interpretations. Both impose totalizing discourses which suppress dialogue and debate by positing a univocal perspective.

11. The troubled circumstances which result in a person becoming a patient or client tend to shift the power balance in the health professional's favour (Taussig, 1980:4). The situating of this encounter within a scientific discourse erodes even further the possibilities of an equitable exchange.

12. Gaines refers specifically to the D.S.M. current at the time of writing, the D.S.M.-III-R (1987). In general, I consider his analysis to be applicable from the D.S.M.-III (1980) to its contemporary version, the D.S.M.-IV (1994). Gaines regards his self styled cultural constructivist perspective to stand in opposition to a Marxist-inspired critical medical anthropology. He claims critical medical anthropology depicts psychiatric classifications as empty categories which are deployed to control social deviance or as actual conditions imposed by forces such as capitalism, class antagonisms, etc. This evaluation appears to be based on an ahistorical, dogmatic reading of Marxism, in the former instance, and a mechanistic and deterministic interpretation, in the latter. In fact, I would argue that Gaines' cultural constructivist account is compatible with the version of cultural Marxism used in my project.

13. In public presentations, Keith Johnson typically states that youths referred to the Facilitating Program tend to fall within the severe end of the behaviour continuum. He also mentions that the time frame of six months and the threshold of three or more significant events are arbitrary figures. To increase the incidence of conduct disordered youths, the time frame is extended and/or the minimum number of symptoms required is reduced. Significantly, the D.S.M.-IV revises the criteria to specify the presence of three symptoms during a 12 month

period with at least one occurring in the past six months. Behaviour disturbances are now grouped according to four categories – "Aggression to people and animals", "Destruction of property", "Deceitfulness or theft" and "Serious violations of rules", with "often stays out at night despite parental prohibitions, beginning before age 13 years" (American Psychiatric Association, 1994:90) an additional indicator appearing under the fourth heading.

14. Robin Horton uses "social psychology" to refer to the societal response to an individual's personal problems, difficulties in living derived from the organization of the society itself.

15. Aberrant patterns of conduct ... carry a message even if no one intended to send it. The message reads: 'I am this kind of person in this kind of situation; now what are you going to do about it?' (Kenny, 1986:12).

CHAPTER SIX: ATTACHMENT THEORY

1. Bowlby's biographer Jeremy Holmes (1993:46) acknowledges that anthropological fieldwork supports the view that child care tends to be the domain of a relatively intact group of adults and older children whose composition is usually, but not always, characterised by kinship relations and usually, but not always, comprised of females. He argues that while attachment theory is consistent with the notion of the mother as the principal care giver, the theory does not rule out the possibility that fathers may play this central role (Holmes, 1993: 213). Recent ethnographic findings also challenge the belief in a universal and automatic attachment to each newborn. For example, one study argues that the high rate of infant mortality in Brazilian barrios appears to have informed a conscious strategy of selective emotional investment based on the likelihood of survival of any given infant (Scheper-Hughes, 1987b; 1992).

2. Bowlby is commonly cited to lend credence to a feminist perspective supporting the absence of the mother from the home with the exception of a brief, yet critical interval shortly after birth. The credibility of this position rests on the supposedly limited nature of the bonding experience. While Bowlby notes the importance of the attachment relationship during infancy, he does not propose the existence of a "sensitive period" (Crouch and Manderson, 1995:838).

3. It is nevertheless true that Bowlby emphasizes the female parent over her male counterpart. In infancy, he comments, fathers have their uses, but normally play second fiddle. Their prime role is to provide emotional support to their partners' mothering (Bretherton, 1992:761). This interpretation is considered by some contemporary attachment theorists to be reflective of the era in which Bowlby authored his report rather than of scientific findings (Holmes, 1993).

4. Much as perceived facts can support a variety of theories including ones which stand in contradiction with each other, so too can theories themselves support a variety of interpretations. Attachment theory is no different from any other theory in this regard. However, its particular genius would appear to lie in its increasingly demonstrated potential to become a totalizing discourse.

5. The diversity of these presentations and the reverence with which Bowlby's memory was evoked was captured by conference documents which proclaimed that: "John Bowlby built a solid bridge between psychoanalysis, ethology and the behavioural sciences....As Anthony Storr wrote, "Posterity will recognize that John Bowlby's contributions to psychiatric knowledge and to the care of children mark him as one of the three or four most important psychiatrists of the twentieth century" (Hincks Institute, 1993).

6. Over the past thirty years, research in infant and child development has ballooned largely due to these efforts by Bowlby and Ainsworth to recast psychoanalysis in terms amenable to empirical testing. Unlike conventional psychoanalysis which relies on speculation on past events, attachment theory bases its findings on actual observation of the child's interaction with his or her parents. This direct approach lends authority to claims that empirical data, rather than retrospective inferences, are used to fashion a yardstick of allegedly normal development. These studies are judged to support the thesis that a pattern of attachment is fashioned and interiorised in the early years of life based on the prevailing interactional dynamics between the child and significant adults. Developmental psychology's preoccupation with early attachment styles internalised as personality clearly converges with psychoanalytic object relations theory which also regards childhood relationships to be critical to the formation of a person's character (Holmes, 1993; Greenberg and Mitchell, 1983). The resulting discourse verges on being totalizing in nature as attachment theory encompasses both scientific and hermeneutic sensibilities in a language spoken by psychiatrists and psychologists alike.

7. Recent contributions to attachment theory have emphasised a more interactive view of the self and a view of psychoanalysis as a hermeneutic enterprise in which therapist and client combine to construct a coherent narrative account of the client's situation (Holmes, 1993). While these contemporary attachment theorists acknowledge humans as fundamentally meaning creating beings, an important current in attachment research continues to extrapolate from the study of the observable behaviour of animals (Hincks Institute, 1993).

8. The Strange Situation procedure involves the video-taping of a twenty minute scenario in three acts which begins with the mother and her one year old daughter, for example, first entering a playroom with a researcher. The child is left with the researcher for three minutes before being reunited with her mother. The child is then left entirely alone for another three minute interval at the end of which time she is rejoined by her mother. The data is rated according to the child's different coping responses to separation and reunion. *Secure attachment* is considered to be demonstrated by behaviours expressing overt distress on separation followed by a receptivity to the parent's arrival before resuming contented play. *Insecure-avoidant attachment* reveals little evidence of distress upon separation and an ignoring of the parent upon her re-appearance. *Insecure-ambivalent* behaviour is shown by the child's extreme distress while separated, refusal to be pacified upon reunion and clinging behaviours alternating with anger and rejection inhibiting exploratory play. The smallest group is that of *insecure-disorganized attachment* with reunion movements ranging from stiffly immobilized, confused to stereotyped. None of these patterns are fixed but may be altered as the mother's own working model of attachment becomes more or less secure. Evidence supports the view that the mother or adult is the decisive factor in this relationship as even a child who is considered to be difficult is likely to form a secure attachment with a parent who is sensitive to her needs (Holmes, 1993:112). Ainsworth has expressed concern that the Strange Situation technique has upstaged the long term observation of interaction patterns between mother and infant in their home setting which informed the use of this research tool (Bretherton, 1992:765).

9. Holmes (1993:179) stresses that core attachments are critical as they form fundamental determinants of present and future relationships, shaping a person's self-conceptions, the sense of well-being and the capacity to act effectively and to realize projects. In addition, they set in motion a feedback loop that reinforces this relationship template. For example, avoidance leads to neglect; clinging invites rejection; depression fosters negative experiences which affirm the sense of despair; mistrust creates the conditions for disappointment reinforcing a lack of trust.

10. In the first situation, for example, one model is accessible to awareness and is responsive to the parents' explanation of the incident. In this representation, the parent is portrayed as good with the offending behaviour construed as being due to the child's inherent badness. Meanwhile, the alternate model incorporates what the child has experienced but defensively excluded from consciousness and represents the disappointing or, potentially, hated side of the parent (Bretherton, 1992:768).

11. Michael Rustin (1991) characterizes the history of psychoanalysis to have passed through each of the three domains of truth identified by Immanuel Kant: the scientific, the ethical and the aesthetic. Freud considered his work to fall within the realm of science as he sought to discern general truths about normal and abnormal behaviour. Melanie Klein cast her investigations in an ethical cloak, exploring dimensions of personal splitting, destructiveness and the reconciliation of bad and good. Rustin regards contemporary psychoanalysis to be preoccupied with aesthetics, understood here to refer to questions of meaning (Holmes, 1993:144).

12. "I believe that our discipline can be put on to a scientific basis. A lot of people think you can't or don't know how to. There are people who think that psychoanalysis is really a hermeneutic discipline. I think that's all rubbish quite frankly" (Bowlby et al., 1986).

13. In Holmes' reading, Tulving's semantic memory includes attitudes, assumptions and practices which may not be conscious but which affect the person's behaviour (Holmes, 1993:158). Psychotherapy can be understood as the process whereby semantic materials are rendered conscious and are woven into an explicit narrative. In attachment terms, this would involve the avoidant client allowing pain associated with past separations into conscious awareness or the ambivalent person giving symbolic meaning to feelings of distress, thereby finding the means to objectify them and to begin to discard them. Memory fragments dissolve with the simultaneous construction of a more continuous account. The heightened sense of inner security which accompanies this process enables the person to shed coping mechanisms and to explore new experiences with a renewed sense of competence. Significantly, the nature of memory was virtually the only issue raised at the Toronto conference which generated heated and extended debate. One position holds that episodic memory in the form of visual recollections are non-interpreted accounts which accurately reflect historical occurrences, a position advocated by Freud (Freeman, 1993:149). The opposing view, which I happen to share, considers all mental representations to be interpretations by definition. As such, the act of remembering is a social

practice, influenced in form and content by present circumstances and future expectations as well as by occurrences in the past.

14. Here I am less concerned with reification's definition as "the transformation of social relations into things" than with its reference to the "effacement of the traces of production" (Jamieson, 1991:314).

15. Recently, the emergent subdiscipline of developmental psychopathology (Cicchetti and Richters, 1993; 1993b; Richters and Cicchetti, 1993) has spawned a number of longitudinal studies using an attachment orientation to investigate the situations of families with children with perceived behaviour problems and those considered to be characterized by maltreatment (Cicchetti and Barnett, 1991), depression or low social support (Belsky and Nezworski, 1988). Cross cultural accounts indicate variation in terms of attachment patterns as imperatives differing from culture to culture impinge upon early childhood arrangements (Bretherton, 1992:771; Schepers-Hughes, 1992). Differential access to economic security and social stability is blamed for the detrimental impact on attachment relations experienced by those who find themselves subordinate to or marginalized by powerful interests (Marris, 1991). This recalls Bowlby's remark that "[i]f a community values its children, it must cherish their parents" (Bowlby, 1951:84) and denotes the ongoing relevance of social policy issues to this area of research.

16. This recalls the cultural context in which Bowlby formulated the premises of what was to become his life's work. Progressive circles in England during the 1930s were sharply divided between allegiance to the ideas of Freud and Marx, blueprints for human emancipation which charted the personal and the social, respectively. As reconstructed by Bowlby's contemporary, psychoanalyst Bruno Bettelheim, the terms of debate were framed by two questions: "[i]n order to create the good society, was it of first importance to change society radically enough for all persons to achieve full self-realisation? In this case psychoanalysis could be discarded, with the possible exception of a few deranged persons. Or was this the wrong approach, and could persons who had achieved full personal liberation and integration by being psychoanalysed create such a good society? In the latter case the correct thing was to forget for the time being any social or economic revolution and to concentrate instead on pushing psychoanalysis; the hope was that once the majority of men [sic] had profited from its inner liberation they would almost automatically create the good society for themselves and all others" (Bettelheim, 1960; Holmes, 1993:19).

17. The preoccupation with immediate, intimate relationships and their long term impact is addressed by Russell Jacoby in his critique of the work of R.D. Laing and David Cooper (Jacoby, 1975:136; Sedgwick, 1982:111-114). Jacoby acknowledges the importance of primary relationships, but argues that concentration on these interactions to the exclusion of their social context results in an analysis which is "superficial" (Jacoby, 1975: 143). In his view, "[s]ociety as the determining structure dictates more than the husk of a relationship; it cuts into the living germ" (Jacoby, 1975:136).

CHAPTER SEVEN: SOCIAL HISTORY

1. Transcripts of reports have been edited minimally for brevity.

2. One definition of representation is to act by proxy, with the sense that an individual acts on behalf of or in the interests of another person in his or her absence. A second meaning of representation involves representing in which one person provides his or her own account or interpretation of another (Spivak, 1988). It is not clear what version of representation motivated the parents and professionals who contributed to the social history. It is likely that both senses of the word informed their intentions.

3. In general, the class horizon of expert-professionals is rarely considered as part of the self-reflexive process of disciplines. In other words, one could say that it is almost in poor taste to think that professionals would be affected by their origins. *Professional distance*, which is a buzz word for *expertise*, is assumed to be operating in all segments of the professional's life" (Sullivan, 1984:132).

4. Many professionals, quasi- and paraprofessionals, scientific and technocratic strata, skilled workers, and vast numbers of public servants, all part of the working class, have found a certain interest in maintaining the status quo, if only because their occupational existence has been defined in part by the stratification" (Teeples, 1995:29).

5. Once again, it is reification's reference to the "effacement of the traces of production" (Jamieson, 1991:314) that concerns us here.

6. The Facilitating Program makes a point of screening out youths with I.Q's of 70 or below prior to admission to the care plan process, arguing that the needs of these individuals are better served by government Ministries responsible for the health of the mentally challenged.

7. The initial journal article produced by the Facilitating Program contains the following "typical case referral: Tim is an attractive 15 year old who is living in his sixth placement away from his biological parents. He engages in behaviour that both adults and peers find problematic. He lies, steals, both from home and in the community, and is aggressive when he feels threatened. He uses drugs and alcohol whenever he can. He has no ongoing intimate relationships, only transient involvement with similar adolescents. He does not respond to, like, depend on, or care about adults. He appears to lack concern about the future, either in terms of intimacy in relationships or the consequences of his behaviour. He does not attend school. Tim has been diagnosed on a number of occasions. As a child, a diagnosis of Attention Deficit disorder was suggested. At other times, a diagnosis of separation anxiety disorder was considered. Later, in early adolescence, after an episode of slashing his arm, a diagnosis of depression was suggested. Tim has difficulty expressing himself affectively. His WISC-R scores show that his overall level of cognitive functioning lies at the low end of the average range with higher non verbal than verbal functioning. Tim's biological parents have divorced and are in new relationships with new families. Both families have significant psychological and psychosocial difficulties, although they are managing instrumental tasks reasonably. The family's history shows a pattern of transgenerational problems in intimate relationships associated with physical and emotional abusiveness. There is an unresolved question of sexual abuse in one of Tim's placements. Tim's current diagnosis is conduct disorder" (Crossroads, 1993:423).

8. The psychiatrist chose to speak in similar general terms when asked his opinion of the criteria I should use in selecting a case study. He said that for each of the youths admitted to the Facilitating Program, the community had either reached a point where they had decided that they were unable to cope with the person or they feared that they might soon reach that point. He also stressed that many individuals who would benefit from the care plan process had not been referred because their difficulties had not been identified as such by the community health professionals.

9. For example, Plato indicated the importance of the selection of specific events to comprise a plot to reveal the character of a person or an event (Fay, 1987:172).

10. The comprehension of self and other cannot be substantiated with reference to genuine or authentic narratives (Fay, 1987:172). What the critical interpretive approach does offer is a reflexive recognition of the limitations of its own truth claims. This perspective rejects the authority claimed by modernism's univocal rationality. Instead, it argues that rationality takes multiple forms. As a style of reasoning, rationality is socially and historically grounded, informed by general historical traditions as well as personal interpreted experience. These qualifications render it incapable of producing a definitive, objective account.

11. For example, Sartre (1963/1968) claims that the perusal of historical documents can be instructive in gaining a sense of what it meant to be an individual during a particular period or within a particular culture. Conversely, he also argues that an examination of biographies can provide vivid evidence of the social structures and contradictions at play over the course of the individual's life.

12. "[A] personal life is a path through a field of practices which are following a range of collective logics, and are responding to a range of structural conditions which routinely intersect and often contradict each other...The structure of personality is not the structure of an object. It is a particular unification of diverse and often contradictory practices" (Connell, 1987:222).

13. When such support is forthcoming, as it usually is within the labyrinth of clinical reasoning, it is not treated as one approximation of the reality of the situation, but as *the* reality.... Thus the professional's stock of knowledge provides explanations that override and subsume the reality of the client's life-world by denying its relevance, and by replacing it with a reality which has greater meaning for the official or professional in the conduct of his [sic] routine tasks" (Handelman, 1978:21).

14. This alternate conception included conditions which stigmatized the youth, a succession of care givers which undermined the youth's sense of community, ethnic differences which appeared to result in Asian youths being diagnosed with a psychiatric disorder while non-Asian youths exhibiting the same presenting behaviour were assigned a behaviour disorder, a history of an abuse of power by a male care giver and the existence of unpredictable behaviour on the part of care givers.

15. A similar range of opinion on the nature of A.D.H.D. (Attention Deficit/Hyperactivity Disorder) exists beyond the walls of the Facilitating Program. One view holds that this syndrome is entirely the result of the medicalization of social problems, a consequence of the advent of Ritalin-based therapy (Conrad and Schneider, 1980). By contrast, a recent article in the Journal of the American Medical Association attributes a significant factor in the incidence of hyperactivity to be exposure to deteriorating lead paint associated with tenement buildings inhabited by "children who are minorities, poor and living in urban areas" (Brody et al., 1994:283). The verification of a connection between lead poisoning – this time due to automobile pollution – and certain hyperactive behaviour was cited by Peter Sedgwick as a cautionary example of the dangers of reducing all concerns about hyperactivity to social control tactics used in the medicalization of deviance. David Ingleby considers Sedgwick's illustration to be a timely reminder of the dangers of criticising without investigating the particular circumstances and of mounting a totalizing meta-narrative (the social construction of deviance) in opposition to another meta-narrative (the biological basis of mental disorders) (Ingleby, 1985:99).

16. Wife battering is a widespread social phenomenon (Conway, 1990:147) which, to a great extent, traces its roots to the interplay of sexism, property and power (United Way Task Force on Family Violence: 1979, quoted in [Province] Task Force on Family Violence, 1992:75).

17. Social policy scripts the lives of women as family care givers and as dependents (Fraser, 1987). "The privatized nuclear family, in which members can rely on each other instead of on the State, fits well with the business and State paradigm of fiscal responsibility. Women become defined by State policy as familial first and foremost, their entitlement to State support deriving more from their family status than from their work status. It is rare indeed for men to make claims on the public purse on the basis of family status; they much more often make claims as individuals based on labour market status, as in claims for UIC, pensions, job retraining or workers' compensation. Women, on the other hand, are filtered through social policy largely on the basis of family status, as in the case of mothers with dependent children, widows' pensions and so on.....Social policy creates and recreates women as dependents, both economically and socially, and reinforces the centrality of women's family status as well as their secondary status as wage earners" (McDaniel, 1993: 173).

18. "The very word '*mother*' identifies a particular social role, and a certain pattern of behavior is expected from the individual occupying that role. The word *mother* normally calls to mind a woman who loves, feeds, and protects her children, and if she does not meet her role expectations, she is thought of as a 'bad mother'. But women's mothering is not merely described as a reality, it is being prescribed and insisted upon. And this norm of full-time devotion to children was itself a contributing cause of neglect itself, a factor in causing the 'apathy-futility syndrome' so prevalent among neglectful mothers" (Gordon, 1988/1993:164).

19. "In 1985 a Canadian Advisory Council on the Status of Women study reported that 50 to 85 per cent of divorced husbands and fathers default on such payments, and the situation has not improved much" (Conway, 1990:124).

20. One of the concerns raised by a social worker during the initial period of the Facilitating Program was that its emphasis on community support for youths would mask the reality that the main burden for care and protection would fall to women, specifically biological mothers and foster mothers (Campbell, 1990).

21. The comments regarding differential diagnoses of Asian and non Asian youths made by Ken Lancaster's social work colleague also warrant further investigation.

22. The contradiction facing First Nations people was highlighted recently in land claims cases in which they were required to demonstrate that their present lifestyles were faithful to traditional practices in order qualify as bona fide Natives (Dyck, 1991:150; Culhane, 1994).

23. "The suicide rate for native youths is seven times higher than the total rate for Canada. A disproportionate number of native children are in care" (Children and Youth at Risk, 1991:59).

CHAPTER EIGHT: PSYCHOLOGY REPORT

1. In the following transcribed interviews, my interventions appear in italics.

2. The subtests comprising the W.I.S.C. include picture completion, information, coding, similarities, picture arrangement, arithmetic, block design, vocabulary, object assembly, comprehension, symbol search, digit span and mazes.

3. The Chedoke Self-report is a multiple choice format questionnaire which addresses feelings and behaviours (104 questions [never or not true; sometimes or somewhat true; often or very true]— e.g. "I feel I have to be perfect"), possible effects of these feelings and behaviours (8 questions [none; a little; a lot] — e.g. "How much have you been irritable or fighting with friends as a result of any of the problems you've identified on the checklist in Part A?"), school (3 questions [check appropriate box] — e.g. "At which level do you take all or most of your courses?"), feelings, friendships and activities (47 questions [check appropriate box; yes or no; strongly agree, agree, disagree, strongly disagree] — e.g. "How old were you the first time you smoked cigarettes every day for a month or longer?" The report is scaled to measure symptoms of conduct disorder, hyperactivity, overanxiousness, somatization as well as comparing the responses of the youth and caregiver related to attachment/separation items.

4. The B.D.I. is a multiple choice questionnaire consisting of 21 items in which the description which best describes how the youth has been feeling during the past week is circled — e.g. "I don't feel I am being punished; I feel I may be punished; I expect to be punished; I feel I am being punished".

5. The Jesness Inventory consists of a 155 item true or false questionnaire — e.g. "A lot of fathers don't seem to care if they hurt your feelings" — which is scored according to 11 scales: Social Maladjustment (63 items) "a set of attitudes associated with inadequate or disturbed socialization, as defined by the extent to which individuals share the attitudes of persons who do not meet environmental demands in socially approved ways"; Value Orientation (39 items) "a tendency to share attitudes and opinions characteristic of persons in the lower socioeconomic classes"; Immaturity (45 items) "the tendency to display attitudes and perceptions of self and others that are usual for persons of a younger age than the subject"; Autism (28 items) "a tendency, in thinking and perceiving, to distort reality according to one's personal desires or needs"; Alienation (26 items) "the presence of distrust and estrangement in a person's attitudes toward others, especially toward those representing authority"; Manifest Aggression (31 items) "an awareness of unpleasant feelings, especially of anger and frustration; a tendency to react readily with these emotions; and an obvious discomfort concerning the presence and control of these feelings"; Withdrawal-depression (24 items) "the extent of a youth's dissatisfaction with self and others, and a tendency toward isolation from others"; Social Anxiety (24 items) "conscious emotional discomfort in interpersonal relations"; Repression (15 items) "the exclusion from conscious awareness of feelings and emotions that the individual normally would be expected to experience; or it reflects his [sic] failure to label these emotions"; Denial (20 items) "a reluctance to acknowledge unpleasant events or conditions encountered in daily living"; Asocial (items not numbered) "a generalized disposition to resolve social or personal problems in ways that show a disregard for social customs or rules".

6. The F.E.S. is a true or false questionnaire of 27 items — e.g. "We are usually careful about what we say to each other".

7. Kohut (1971), for example, refers favourably to the assessment that delinquents are "unable to form object-relations" (Kohut, 1971:161) due to peculiarly narcissistic tendencies.

8. "First, each interview is a social encounter between an adult who questions an adolescent who may recognize this relationship. Second, the line of questioning reflects a particular adult theory of adolescence, whereas the response reflects a particular adolescent view of adulthood. Third, each interview provides the impetus for the presentation of a managed identity. Finally, adolescent socialization may be influenced by the interview process" (Baker, 1983; Weber et al., 1994:43).

9. I am not proposing that other significant social considerations such as those of gender, sexual orientation, ethnicity, race, and age can be reduced to a question of class. Instead, it is necessary to understand these aspects of social relations *within* their concrete particularity, terms of reference which demand a class analysis. As "constitutive features of productive relations" (Ng, 1988:88), these phenomena are mutually implicated and mutually interconnected.

10. "Disturbed" and "delinquent" appear to be used as synonyms.

11. The first ten statements of which read as follows: "1.) When you're in trouble, it's best to keep quiet about it. 2.) It makes me nervous to sit still very long. 3.) I get into a lot of fights. 4.) I worry too much about doing the right things. 5.) I always like to hang around with the same bunch of friends. 6.) I am smarter than most

people I know. 7.) It makes me mad that some crooks get off free. 8.) My feelings get hurt easily when I am criticized. 9.) Most police will try to help you. 10.) Sometimes I feel like I want to beat up on somebody" (Jesness, 1969/ 1972: pages not numbered in original). My criticism of the limitations of decontextualized questions and answers is applicable here.

12. According to the Jesness Inventory, males are five times more likely to be susceptible than are females (Jesness, 1966/1972:27). The scores from the delinquent sample and the nondelinquent control sample were grouped according to age. No mention is made of race or ethnicity. "Failure in masculine identification" (Jesness, 1966/1972:7) – which presumably includes those favouring a homosexual or bisexual orientation – is included as an attribute of "social maladjustment".

13. In a related critique, Allan Young (1980) examines how standardized test inventories and questionnaires are administered in order to disclose the level of stress confronting an individual. Here a professional's decontextualized text is presumed to provide a universal calibration of environmental stressors, all the while remaining silent on the issue of the uniqueness of each person's embodied cultural logics. A variant on this process is evident in the testing which informs the psychologist's report to the care plan meeting. Where traditional anthropologists might consider the response of a particular individual at a specific time and place to be representative of the cultural character of an entire people caught in the timelessness of the "ethnographic present", the psychologist administering the Jesness Inventory compares the test scores of an individual to determine their correlation to those representative of a particular group. The youth's reaction to a uniform battery of questions provides the basis for determining the degree to which he or she is a juvenile delinquent/conduct disordered youth. This cultural category has been constructed through the analytical and methodological practices of a group of professionals which has deemed that the presence of a particular set of behaviours, regardless of their context, is evidence of the existence of the behaviour disordered "culture".

14. "The evidence is now overwhelming pointing to a relationship between delinquency and behavioural, environmental, and personal variables. More specifically, deprived social/economic background, being a male, unsatisfactory home attitudes and environment, low school ability and achievement, immoderate and aggressive behavior, and personality variables (e.g., antisocial and antiauthority attitudes, hedonism, low self-esteem, etc.) all need to be considered in any attempt to predict or identify delinquency. The attitudes and perception measured by the Inventory are, therefore, only one part of the picture and for some youths will make a greater or lesser contribution to the prediction. The use of the Inventory will find, for example, that even when using the same norms with females (i.e., using male norms) females do not differ markedly from males in their scores on Social Maladjustment and the Asocial Index; yet their rate of serious delinquent and adult criminal involvement is roughly only one-fifth of that of males. Control theory might suggest an explanation in greater attachment shown by females for parents or school; biological theory might suggest greater autonomic responsiveness (females do score higher on Social Anxiety which negatively correlated with persistent delinquency); subcultural theory would point to differential environments; social learning theory would point to different parental expectations and behaviour; and so forth. We believe all these theories and hypotheses may have a small corner on the truth. Delinquents differ from one another as well as from nondelinquents, and some of the inconsistencies in the validation data may be a consequence of differences in the types of delinquents in the various samples. Use of the Jesness Classification System described briefly in this report, along with measures of other domains, can help us reach a better understanding of the causes of delinquency. We believe that those who focus on one causal theory and assume that delinquents are all alike are bound to be disappointed in their results. It appears that the Index distinguishes successfully among identified groups. The Inventory should, therefore, be of considerable use in many practical settings, such as in deciding which first offenders need intervention-treatment services, and which probably will not become chronic delinquents if not given services" (Jesness, 1962/1972:27).

15. "The book is not an attempt to give a full *anthropological* account of the full range of the whole life process of twelve individuals – which indeed would have had to take in much else, including their physical and emotional development, sexuality, experience in the family, and their detailed existence in a whole neighbourhood and sweep of local life. I was concentrating on *certain* cultural and symbolic processes within a relatively discrete "cultural form", focused mainly in the school, and of the transition to work which touched upon many of these things.... (Willis, 1977/1981:217-218; original italics).

16. "It is impossible to be 'politically correct.' For the dynamics of inclusion and exclusion...are played out on multiple and shifting fronts, and all ideas (no matter how "liberatory" in some contexts or for some purposes) are condemned to be haunted by a voice from the margins already speaking (or perhaps presently muted but awaiting the conditions for speech), awakening us to what has been excluded, effaced, damaged" (Bordo, 1990:138). Not only are alternate readings suppressed, the preferred interpretation may have more to do with

the viewer's preconceptions than with the actual situation. With their emphasis on counter school culture as a form of politically conscious resistance, Willis and other practitioners of British subcultural theory appear to be guilty of projecting their own political agendas onto youthful behaviour (Tanner, 1996:83-86).

17. Psychologist Edmund Sullivan observes that, " Sarason (1974), in speaking of psychologists, notes that by self-selection and training they "naturally" think in terms of motivation, attitudes, personality, and many other interpsychic factors. Because, by background and training, their unit of analysis is the individual, their horizon in general masks or conceals the effects of social structure on personal development. Left to their own devices, you might say that psychologists usually attribute social class dynamics to intrapsychic factors (cf. Ryan, 1974)" (Sullivan, 1984:132-133).

CHAPTER NINE: EDUCATION REPORT

1. "[Psychology] is the one discipline that I know of that has no well-developed self-reflexivity as to its own place in a larger social structure. As a discipline, psychology negates its own class origins and, in practice, ignores its effects in the psychological phenomena that it attempts to give an account of" (Sullivan, 1984:132).

2. "Psychology cannot attain the certainty and exactness of the physical sciences unless it rests on a foundation of experiment and measurement. A step in this direction could be made by applying a series of mental tests and measurements to a large number of individuals" (Cattell, 1980:373, quoted in Hollway, 1984:55).

3. Paul Willis' comments about the North American tendency to psychologise social problems such that "one day, perhaps, every disaffected child will be given an individual counsellor"(Willis, 1977/1981:216) are supported with Eric's observations that the identification of students with learning disorders creates the expectation that professionals are provided to address their individual needs. "And so it spreads...."

4. Marx was no exception to this tendency. By the 1850's, the radical historicist perspective which dominated in his early work was increasingly superseded by a conception of historical materialism based on scientific premises and procedures (Hamilton, 1992:21).

CHAPTER ELEVEN: CARE PLAN

1. As mentioned, parent-child conflict typically is used in place of conduct disorder in discharge diagnoses. However, A.D.D. and A.D.H.D. would appear to occupy grey areas between behaviour based categories due to social origins and psychiatric problems ostensibly due to physiological abnormalities. In the first instance, a lack of temperamental "fit" between care giver and child is thought to result in ontological insecurity which generates the objectionable behaviour. The lack of acceptance by one is believed to set in motion a similarly rejecting response on the part of the other. This disjuncture is perpetuated and further aggravated in a feedback loop. This tends to result in A.D.D. or A.D.H.D. designations by the time the child enters kindergarten or elementary school. It is at this point that the child's socially aberrant actions become a liability to group management. The child's distress may produce physiological irregularities which are amenable to treatment with Ritalin, affirming the diagnosis of A.D.D. or A.D.H.D. The second instance involves physiological irregularities leading to behaviour which prevents secure attachment from occurring. One school of thought, the social constructionist medicalization of social problems stream, pinpoints the advent of A.D.D./A.D.H.D. to the introduction of Ritalin. This diagnosis-by-drug scenario argues that A.D.D./A.D.H.D. did not exist as psychiatric categories until certain troublesome social behaviours could be shown to be alleviated with a regimen of the drug, the disorders and their medical treatment emerging concurrently (Conrad and Schneider, 1980). What this otherwise compelling line of reasoning neglects are those individuals whose behaviour may be associated with actual biochemical imbalances (Ingleby, 1985; Sedgwick, 1982). What it highlights, on the other hand, is the danger of an empiricist driven psychiatric profession which prides itself on reliability of diagnosis. This approach appears to give little thought to its possible negative consequences, whether in terms of masking the possible social origins of the behaviour or of initiating a drug based course of treatment frequently associated with a D.S.M. designation.

2. Perhaps the most notable example of this tendency appears in *The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse* (1988). This influential self-help handbook includes the statement that: "[i]f you think you were abused and your life shows the symptoms, then you were" (Bass and Davis, 1988:22).

3. "The fundamental mistake that a social constructionist approach can help to correct is embodied in the pervasive assumption that the categories we use in the course of empirical investigation correspond directly to the "natural kinds" that exist in a real world outside the framework of our investigative and intellectual practices Only when we have gained some insight into the kind of historically situated reality to which a received framework has been tied can we raise the question of whether it was ever able – or will ever be able – to transcend that reality" (Danziger, 1990:195-196).

4. The construction of narrative accounts necessarily involves the designation of certain incidents as having a decisive impact on a person's interpretation of the world and upon subsequent behaviour. Yet the assigning of significance to particular occurrences is a matter of speculation and cannot claim to represent a single, genuine or authentic narrative (Fay, 1987:172-173).

5. By contrast, an ontologically secure person "through early trust relations, has established a protective cocoon which 'filters out', in the practical conduct of day-to-day life, many of the dangers which in principle threaten the integrity of the self" (Giddens, 1991:53-64; original italics).

6. "The dualism typical of Cartesian thought was institutionalized in the split in the social sciences between psychology and the other disciplines. The study of the individual and its mental processes became psychology's special and privileged object of study.... Sociology, however, provided a critique of the 'rational individualism' of the Cartesian subject. It located the individual in group processes and the collective norms which, it argued, underpin any contract between individual subjects. It therefore developed an alternative account of how individuals are formed subjectively through their membership of, and participation in, wider social relationships; and, conversely, how processes and structures are sustained by the roles which individuals play in them" (Hall, 1992c:284).

7. One of Marx's fundamental insights into the role of the state concerns its function of conferring the status and rights of full citizenship without distinction on the basis of race, class, religion, etc. while legitimating ongoing arrangements which preserve inequalities on precisely this basis. Unwittingly or otherwise, the care plan's qualifying remarks duplicate this function, depriving the Native youth of his distinctive voice, of his right to self-determination. Non-Native youths have the possibility of shedding the yoke of age related tutelage by the simple passage of time. Adult status will be conferred at the end of adolescence. If conventional attitudes and practices persist, Native people will be saddled with tutelage *in perpetuity* (Dyck, 1991:24). The basis for this chronic representation lies in the dominant group's refusal to acknowledge the rights to land and resources and the right to self-determination (Dyck, 1991:29) which are forthcoming to Native people as the founding peoples of this country. To add insult to injury, it is this system of enforced guardianship with its oppressive surveillance which contributes to expressions of acting out that justify its continuing existence (Marcus, 1992:112; Dyck, 1991:162).

CHAPTER TWELVE: CONVERGENCE OF CULTURAL LOGICS

1. "Results...indicate that case managers and caregivers generally perceived the care plan as useful in ensuring care for the youth.... Reports at six, 12 and 18 months indicate that the majority of youths felt that they had benefitted from the program (77%, 64% and 82%, respectively). Overall, these results indicate that program participants and their communities generally responded favourably to the program and found the care plan helpful in providing care for youths" (Crossroads, 1994:365).

2. Bart comments that many people enter the care giving professions in order to have their narcissistic needs met. These individuals have a strong need for their clients to be cured or fixed as they are dependent on judging their own worth on the basis of someone else's behaviour. "If they can just be good enough at their jobs, they will get a message back saying they're O.K." Bart observes that these people have set themselves "pretty tough standards" and "face a crisis in their job" because "conduct disordered kids have a chronic condition."

3. "Every mythology has to do with the wisdom of life as related to a specific culture at a specific time. It integrates the individual into his [sic] society and the society into the field of nature. It unites the field of nature with my nature. It's a harmonizing force. Our own mythology, for example, is based on the idea of duality: good and evil, heaven and hell. And so our religions tend to be ethical in their accent. Sin and atonement. Right and wrong" (Campbell, 1988:55).

4. Confronted with a feminist outcry, Miller qualified her critical remarks on motherhood: "[b]y 'mother' I here understand the person closest to the child during the first years of life. This need not be the biological mother

or even a woman. In the course of the past twenty years, quite often the fathers have assumed this mothering [sic] function" (Miller, 1990:129).

5. The Becvars outline the principles of their outlook as follows: "1. A reality may exist independent of us, but we cannot know that reality. 2. The reality that exists for us and the reality we can observe is relative to the theory we use as a metaphor for that reality. 3. What we can observe is a function of the means (instruments, tools and machines) we use to measure the phenomena of interest (phenomena that exist and are meaningful) and of our theories which suggest what might be "out there." 4. Reality is a dynamic, evolving, changing entity. 5. To observe a phenomena is to change the nature of the phenomenon observed. 6. Phenomena observed take on characteristics of the theory or model used to guide and systematize the observations. 7. The appropriate unit of analysis is not elementary parts but relationships, which should be the basis of all definitions" (Becvar and Becvar, 1988:297).

6. They do so despite oblique references to the importance of this issue. For example, their historical overview of the forerunners of the systemic framework includes favourable mention of John Dewey's observation on the relationship of psychological theory to political ideology. "[A] theory about human behavior, Dewey asserted, could not be independent of the ideological foundations of a society and the psychologist's place in that social order" (Sarason, 1981:137; Becvar and Becvar, 1988:49). In addition, they note that it is crucial to be able to appreciate differences in ways of life associated with ethnicity, sexual orientation and class rather than consider their departure from the norm to be deviant (Becvar and Becvar, 1988:126). Elsewhere, they note that payment for services by mental health professionals requires that a client's diagnosis comply with those outlined in the D.S.M. They offer no answers to this predicament. They simply elect to pose the question: "What are the consequences for the larger society of our creating and maintaining a pathology defined as individual rather than contextual?" (Becvar and Becvar, 1988:105).

7. This serves to further a functional circularity between psychology and the dominant culture: "While psychological concepts are molded by the dominant values of the society of their origin, the teaching of such concepts, and the practice of therapeutic techniques based on them, in turn strengthen the same values in the culture" (Paranjpe, 1984: 309).

CHAPTER THIRTEEN: CONCLUDING COMMENTS

1. See Paul Rabinow (1986; 1991), Cornel West (1993), bell hooks (1990), Merrill Singer (1993) and Arturo Escobar (1992).

2. The work of educator Paulo Friere (1970/1990; 1992/1994) and director Augusto Boal (1979; 1995) provide especially insightful accounts of this encounter in which conventional dichotomies of teacher-student and actor-spectator, respectively, are transcended.

3. Although rarely reflected upon in this discipline, psychology usually follows the movements of the larger sociopolitical and economic context. When the temper is liberal and progressive and the economy is expanding, there is a greater emphasis on transformation (change) models and optimism about the effects of the environment for psychological and social change. When the social temper became more conservative, conservative biogenetic metaphors (e.g. Jensen) become more popular" (Sullivan, 1984:132-133). Psychology's impact on conventional wisdom is such that these factors increasingly apply across disciplines. Conservative times combined with their relatively privileged position can lead professionals to subscribe to political views opposed to the general interests of working people as a class (Teeple, 1995:29).

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